FEBRUARY 1, 1950

MODERN MEDICINE

The Journal of Diagnosis and Treatment

Dr. Andy Hall
(see page 9)

Table of contents
page 9

The most "persuasive" oral germicide you can prescribe

1. **Cēpacol persuades a wide range of oral bacteria to surrender within 15 seconds after contact**[1]

2. **Cēpacol's pleasant taste persuades your patients to use it**

The rapid antisepsis[2] and soothing relief which Cēpacol brings to inflamed, sore throats are important. Along with the fact that Cēpacol is non-irritating, non-toxic, and does not interfere with tissue healing. Too, patients are extremely grateful to you for prescribing something so effective that also is so *pleasant* to use—as either gargle or spray.

CĒPACOL®

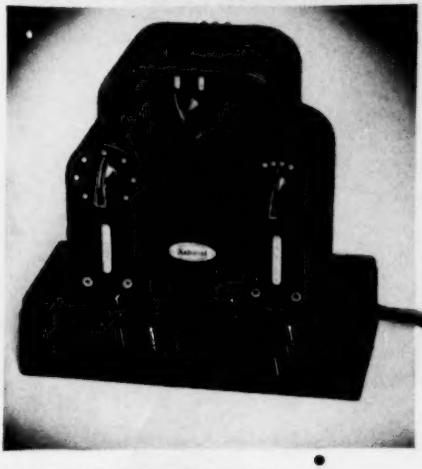
The alkaline germicidal solution that works in partnership with saliva

Merrell
1828
CINCINNATI • U.S.A.

NOW AVAILABLE—*Cēpacol Throat Lozenges! These convenient, pleasant-tasting lozenges, dissolved slowly in the mouth, provide a soothing, analgesic solution to relieve the dryness and irritation of sore throat.*

1. As shown in laboratory studies. 2. Cēpacol contains an effective germicidal detergent, the quaternary ammonium salt Cetepryn® Chloride (1:40).

Cervical Cauterization



at its best with a NATIONAL SET

Of all cautery units the National "90" retains leadership as the *complete* cautery set, most frequently chosen by majority of practitioners.

N90—SIMPLIFIED CONTROL CAUTERY SET. Most complete unit of its kind ever developed. Attractively cased in walnut bakelite. Has compartment for Pistol and Tips. Unit comprises Transformer, Pistol with Gyn-a-Lite Clip Set and 3 Tips (choice). For 110V. 50-60 cycle A.C. $51.25
*Extra price for other voltages.

The Modern Technic:

Articles in leading medical journals have emphasized that cervical treatment by electro-cauterization is indeed the preferred modern technic, offering as it does the advantage of office procedure, without anesthesia.

Explanation: National Cautery Tips do not contain resistance coils and there is insufficient radiation to affect the surrounding area.

Outstanding among its applications is the treatment of diseases of the cervix; but it also sees daily, effective use in the treatment of carbuncles and furuncles, puncture wounds, warts, moles, vascular nevi, hemorrhoids, condylomata acuminata, infected sebaceous cysts, etc.

Offers operative efficiency . . . only 2 simple controlling dials; offers twin controls for safe and simultaneous use of light and cautery; offers dual-positioning of electrodes (vertical or horizontal), in pistol and switch-lock for convenience in prolonged applications; offers detachable illuminator*, which projects a bright beam *below* the field of vision. ****Can also be used to illuminate any Grave's Metal Vaginal Speculum.***

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we
have
the
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B-D YALE ANEROID MANOMETER

Jeweled Bearing

Since you appreciate the almost friction-free action, the dependable accuracy, the longer life and the greater durability that *Jeweled • Bearing* means to a fine watch you will recognize the value of these same factors in an aneroid manometer.

Its uniformly-spaced scale graduations, long-travel beryllium copper bellows, rugged construction, detachable inflation system, flexibility and attractive functional design make the new B-D YALE ANEROID MANOMETER, *Jeweled • Bearing*, an important addition to the line of quality precision instruments we stock to serve you.

Ask to see it on your next visit to our showroom . . .
or phone us for a demonstration in your office at your convenience.

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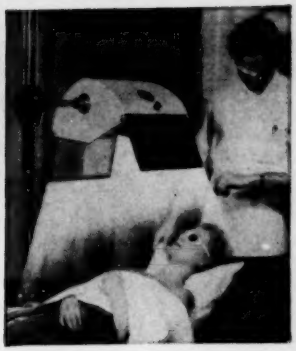

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ALPINE LAMP

There is a definite place and need for such widely used dependable apparatus as the Hanovia Luxor Alpine Lamp in the modern physician's office.

Its wide range of clinical usefulness includes effective treatment of:

LUPIS VULGARIS	INDOLENT ULCERS
ACNE VULGARIS	SLUGGISH WOUNDS
ECZEMA	OSTEOMALACIA
PSORIASIS	TUBERCULOSIS OF THE BONES

and numerous other diseases.

When equipping your office for ultraviolet therapy it will pay you to remember that Hanovia is the world's largest producer of ultraviolet equipment for the medical profession.

Complete information will be promptly supplied you upon request.

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20% BENZOCAINE IN SOLUTION

Americaine

TOPICAL ANESTHETIC OINTMENT

Clear or with Chlorophyll

MOST POTENT. 20% Benzocaine[1] is NOW dissolved in a bland, water-soluble ointment—heretofore only 2% was generally considered possible. Furthermore, to be effective, Benzocaine must be in solution.

TAINTER[2], in a series of studies involving about 40 different materials, found Benzocaine to be "the best topical anesthetic."

LEAST TOXIC. While Benzocaine's action is generally recognized for its lack of toxicity, ADRIANI[3], in evaluating the relative toxicity of various topical anesthetics, found Benzocaine to be by far the safest.

PROLONGED ANESTHESIA. Controlled clinical studies reveal 4-6 hours' relief from pruritus associated with dermatoses, exanthemas, diabetes, etc.

Americaine Clear (Benzocaine 20%, oxyquinoline benzoate, 0.39%); with Chlorophyll (same constituents with 0.08% chlorophyll added to stimulate cellular regeneration).

References. 1. Finkel, M., Levine, A. J., Wohl, M. Twenty percent dissolved benzocaine ointment in the treatment of burns. Ind. Med. 17: 475 Dec., 1948.
2. Tainter, M. L. Some general considerations in evaluating local anesthetic solutions in patients. Anesthesiology 5: 470 Sept. 1944.
3. Adriani, J. The pharmacology of anesthetic drugs. Chas. C. Thomas, 1941, p. 49.

Americaine

. . . is available in two forms: Clear and with Chlorophyll. Supplied in 1 ounce tubes or ½ lb., 1 lb. and 7 lb. jars.

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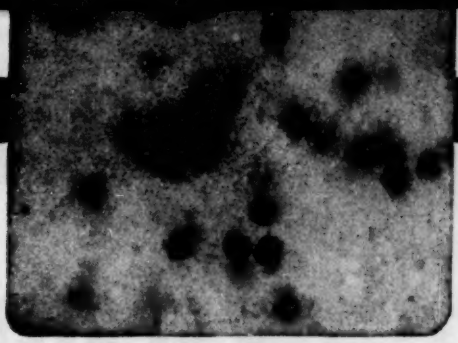

Pyelonephritis...

Ascending urinary infections are an indication for modern and safer combined sulfonamides.

LIQUOID®
Mer-Diazine*

SULFAMERAZINE-SULFADIAZINE COMBINED

Palatable dispersion containing per fluidounce:

Sulfamerazine *Microcrystalline* ..... **1.5 Gm.**
Sulfadiazine *Microcrystalline* ..... **1.5 Gm.**

[Each 5 cc. (an average teaspoonful) will represent 0.5 Gm. (7½ gr.) total sulfonamides.]

LIQUOID®
Metha-Merdiazine*

SULFAMETHAZINE-SULFAMERAZINE-SULFADIAZINE COMBINED

Contains per fluidounce:

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Sulfamerazine *Microcrystalline* ..... **1.0 Gm.**
Sulfadiazine *Microcrystalline* ..... **1.0 Gm.**
(Tinted Pink)

[Each 5 cc. (average teaspoonful) represents 0.5 Gm. (7½ gr.) total sulfonamides.]

The least toxic of the commonly used sulfonamides are combined for additive antibacterial effect, rapid absorption, lower toxicity. Samples on request.

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NOW AVAILABLE...

BALANCED HORMONE THERAPY

DI-STEROID

TRADEMARK

BRAND OF ESTROGENIC SUBSTANCE AND TESTOSTERONE

Kremers • Urban

IN DIPHASOL

Estrogen plus Androgen in a Single Injection For Dual Pituitary Inhibition

In several conditions in the female in which estrogens and androgens are useful separately, the mechanism of action appears to be inhibition of the pituitary; **DI-STEROID*** supplies the synergistic pituitary-inhibiting action of *both* hormones, thus permitting smaller doses of each and reducing the risk of side-effects.

FEATURES

• Avoids masculinizing effects • Obviates disagreeable hyperestrogenic effects (breast and pelvis tenderness and withdrawal bleeding) • Valuable in conditions requiring treatment over relatively long periods • In DIPHASOL solution—provides the steroids for both immediate and prolonged effects.

INDICATIONS: Menopausal syndrome; suppression of lactation and painful breast engorgement post partum; mastopathies; menometrorrhagia; and dysmenorrhea.

SUPPLIED: 10-cc. multiple-dose vials; 1-cc. ampuls, boxes of 6 and 25.

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Permitting Immediate and Prolonged Hormonal Effect

DIPHASOL solutions of hormones are clear, non-oily . . . no crystals to clog the needle.

DIPHASOL solutions replace conventional suspensions of hormones. Microcrystals are deposited in the muscle fibres *only after dilution in situ by the tissue fluids.*

HOW IT WORKS: Upon injection of a **DIPHASOL** solution of steroids, part of the solution passes immediately into the lymphatic circulation for *rapid* hormone effect; the remainder, when diluted by the tissue fluids, deposits microcrystals which are absorbed more slowly, for *prolonged* effect.

Kremers-Urban specialties available in DIPHASOL solution include ESTRUGENONE,*. PROSTRUGEN,* DI-STEROID,* DI-STERONE* (testosterone and estrogens, testosterone predominating), DI-ERONE* (testosterone and progesterone), testosterone, and progesterone.

DIPHASOL contains propylene glycol, ethyl alcohol, isotonic solution of sodium chloride, and benzyl alcohol.

1. Inject with a 26-gauge needle. 2. Gives prompt and prolonged effect. 3. Clean syringes with water.

*Trademark of Kremers-Urban Co.

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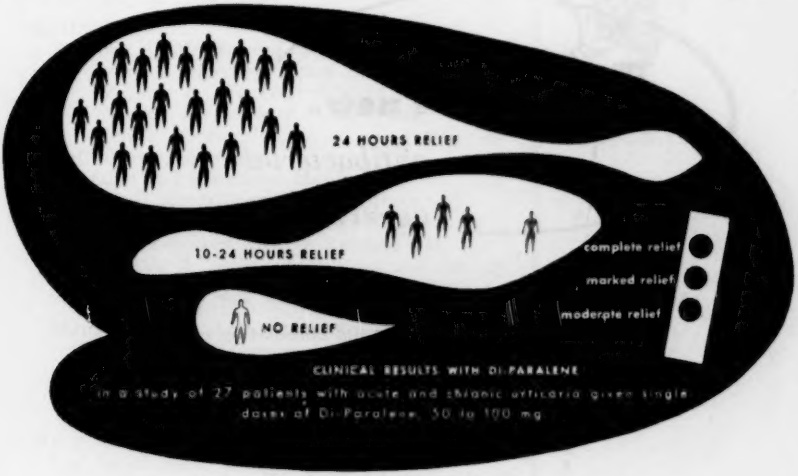
MODERN MEDICINE

THE JOURNAL OF DIAGNOSIS AND TREATMENT

A NEW, DIFFERENT ANTIHISTAMINIC PROVIDES

Up to 24 hours of Relief



Results are similar to those above in all studies—this distinctly different Abbott compound, DI-PARALENE Hydrochloride, is outstanding in its long duration of action. While most antihistaminics must be administered 3 to 6 times daily, DI-PARALENE need be administered only once or twice daily in most cases. The degree of relief with DI-PARALENE is equal or better, side-effects fewer or the same. • When DI-PARALENE is given at bedtime, relief may be obtained throughout the night. If drowsiness should occur, it merely enhances normal sleep. In most cases no additional dosage is required until the next bedtime. The average adult dose is 50 to 100 mg. once daily or 50 mg. twice daily. • Since the onset of effect may be from about one to two hours, it may be desirable in some cases to administer one dose of a quicker-acting antihistaminic with the initial dose of DI-PARALENE. • Your pharmacy has DI-PARALENE Hydrochloride in 25-mg. and 50-mg. tablets in bottles of 100 and 500. Try it in your next case of allergy. Write for literature to ABBOTT LABORATORIES, NORTH CHICAGO, ILLINOIS.

SPECIFY ABBOTT'S **NEW** LONG-ACTING ANTIHISTAMINIC

DI·PARALENE HYDROCHLORIDE

(CHLORCYCLIZINE HYDROCHLORIDE ABBOTT)

a **new** *antibacterial agent...*

Wide antibacterial activity, low toxicity and virtual elimination of renal complications distinguish the use of Gantrisin* 'Roche', a new and remarkably soluble sulfonamide. Highly effective in urinary as well as systemic infections, Gantrisin does not require alkali therapy because it is soluble even in mildly acid urine. More than 20 articles in the recent literature attest its high therapeutic value and the low incidence of side-effects. Gantrisin is now available in 0.5 Gm tablets, as a syrup, and in ampuls. Additional information on request.

HOFFMANN-LA ROCHE INC • NUTLEY 10 • N. J.

Gantrisin®

* *Brand of sulfisoxazole (3,4-dimethyl-5-sulfanilamido-isoxazole)*

'Roche'

Contents for February 1 1950

VOL. 18, NO. 3

THE MAN ON THE COVER is Dr. Andy Hall of Mount Vernon, Ill., who was recently presented with a gold medal by the American Medical Association as the Outstanding General Practitioner of 1949. Dr. Hall received the medal just a month before his eighty-fifth birthday. He still keeps an 8-to-5 office day, but after hours he likes to recall feats of kitchen-table surgery in the horse-and-buggy days. Father of three sons who have all become doctors, Dr. Hall estimates that he has delivered nearly 3,500 children. As with most old-time country practitioners, more than a third of his work for nearly forty years was done without recompense.

Contents for February 1 1950

CONTINUED

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ARGYPULVIS is 98% EFFECTIVE*

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THIS gratifying clinical evidence may be verified in everyday practice with the ARGYPULVIS therapy.

This newer adaptation of ARGYROL lends itself perfectly to the objective: (1) because of its positive bacteriostatic, detergent and demulcent actions, and (2) because of its convenient forms for office and supplementary home use. Let a professional sample in your office re-demonstrate the reported clinical effectiveness of this product.

....in two convenient forms

For Use by the Physician. 7-gram bottles fitting Holm-spray or equivalent powder-blower (in cartons of 3)

For Home Use by the Patient 2-gram capsule for insertion by the patient (in bottles of 12)

INTRODUCTORY TO PHYSICIANS: *On request we will send professional samples of ARGYPULVIS (both forms), together with a reprint of the Resch, Button and Nechtow report. (Use coupon.)

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LETTER FROM THE EDITOR

Dear Reader:

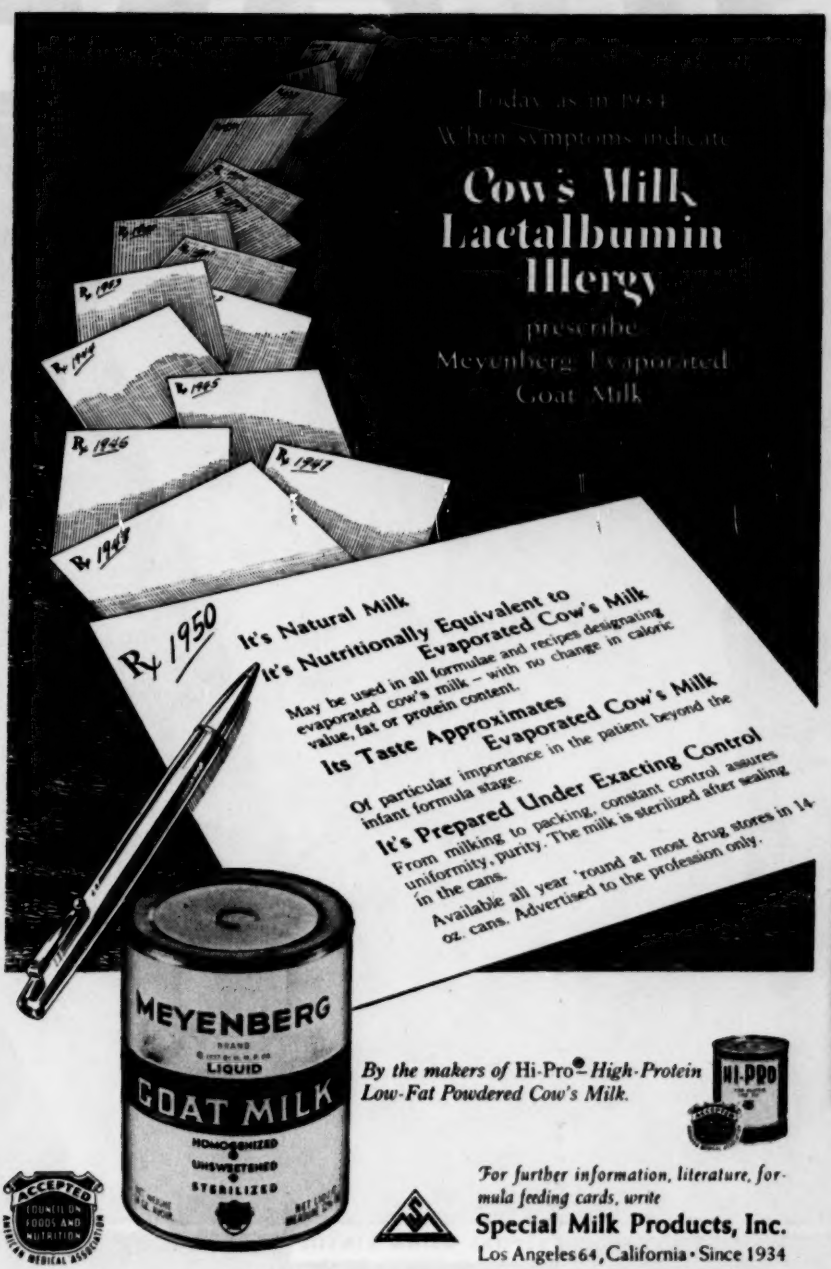
The modern concept of the "third phase of medicine," which takes the patient from the bed to the job, was developed during World War II. The increased emphasis on rehabilitation is one of the most significant of postwar developments in medicine.

One of the men closely identified with the "third phase" is Dr. Howard A. Rusk, a member of MODERN MEDICINE Editorial Board. Under his guidance a comprehensive Symposium on Physical Medicine has been assembled and will appear in our February 15 issue.

Contributors to the symposium include:

Frank H. Krusen	*Physical Medicine and Rehabilitation for the General Practitioner*
Donald A. Covalt	*Rehabilitation of the Hemiplegic Patient*
George B. Deaver	*Rehabilitation of the Paraplegic Patient*
A. B. Baker	*Rehabilitation of the Neurologic Patient*
George Morris Piersol	*Rehabilitation of the Arthritic Patient*
Hans Kraus	*Physical Treatment of Backache*
Henry H. Kessler	*Rehabilitation of the Amputee*
John D. Currence	*Hydrotherapy in General Practice*
Samuel S. Sverdlik	*Organization of a Rehabilitation Department in a General Hospital*

A foreword by Dr. Rusk introduces the symposium and points up the significance of the entire issue, which comprises an unusually complete postgraduate course in modern technics of physical medicine and rehabilitation.


Today, as in 1934
When symptoms indicate
Cow's Milk
Lactalbumin
Allergy
prescribe
Meyenberg Evaporated
Goat Milk
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It's Natural Milk
It's Nutritionally Equivalent to
Evaporated Cow's Milk
May be used in all formulae and recipes designating evaporated cow's milk – with no change in caloric value, fat or protein content.
Its Taste Approximates
Evaporated Cow's Milk
Of particular importance in the patient beyond the infant formula stage.
It's Prepared Under Exacting Control
From milking to packing, constant control assures uniformity, purity. The milk is sterilized after sealing in the cans.
Available all year 'round at most drug stores in 14 oz. cans. Advertised to the profession only.
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By the makers of Hi-Pro® High-Protein Low-Fat Powdered Cow's Milk.
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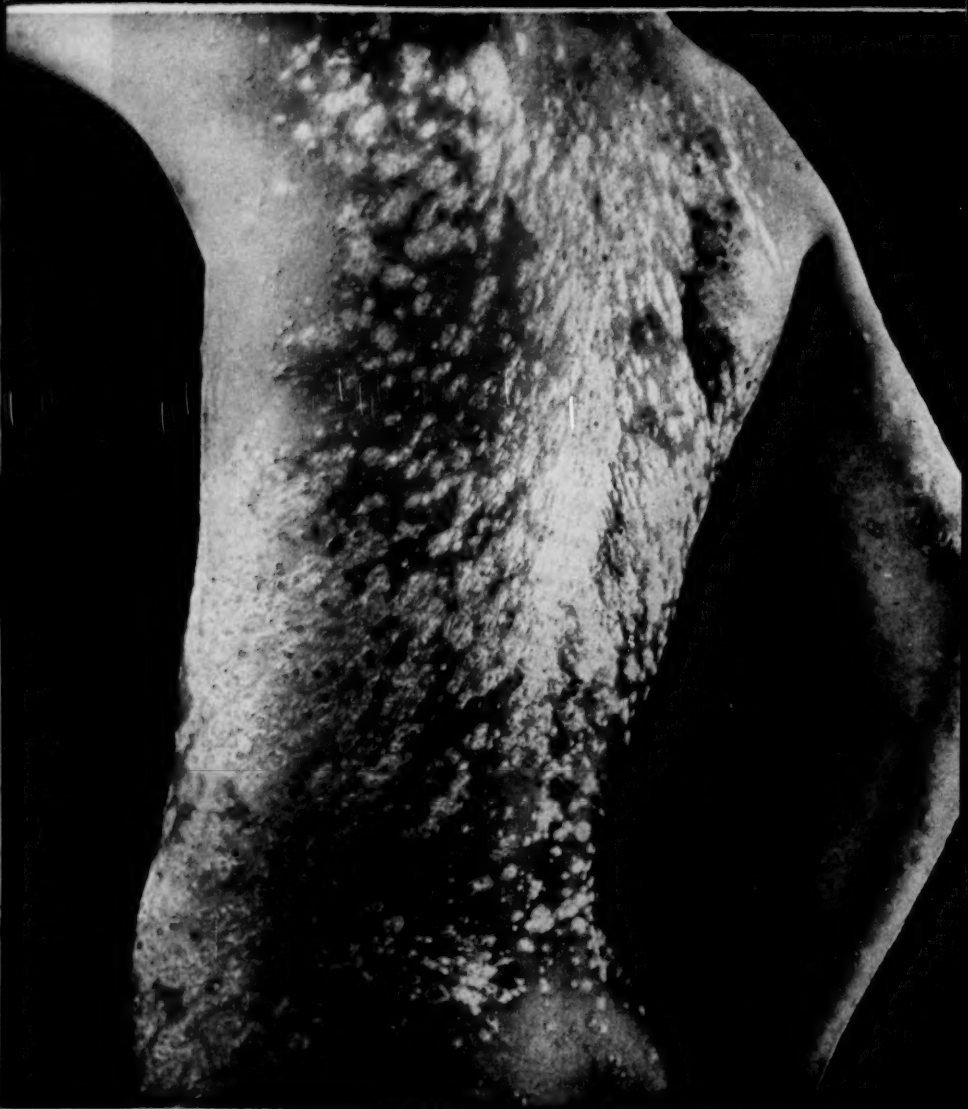
Los Angeles 64, California • Since 1934

RIASOL in



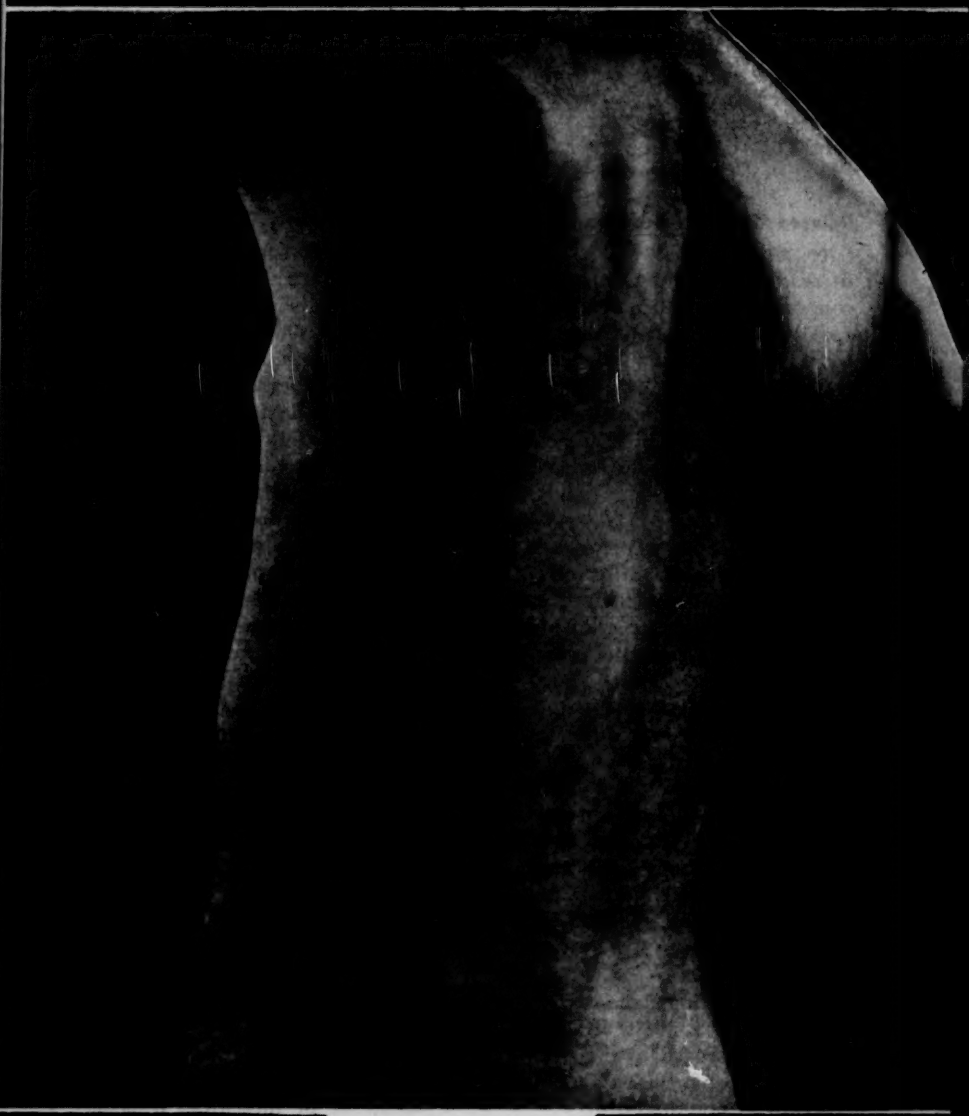
BEFORE USING RIASOL

THOUSANDS PRESCRIBE RIASOL

RIASOL CONTAINS 0.45% MERCURY CHEMICALLY COMBINED WITH SOAPS 0.5% PHENOL AND 0.75% CRESOL IN A WASHABLE NON-STAINING ODORLESS VEHICLE

APPLIED LOCALLY—SIMPLE TO USE

PSORIASIS



AFTER USING RIASOL

SEND FOR A CLINICAL PACKAGE

PROVE RIASOL YOURSELF

SHIELD LABORATORIES

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Correspondence

Communications from the readers of MODERN MEDICINE *are always welcome. Address communications to The Editors of* MODERN MEDICINE, *84 South 10th St., Minneapolis 3, Minn.*

Delayed Penicillin Reaction

TO THE EDITORS: I was interested in reading the question and answer concerning penicillin reactions (Oct. 1, 1949, p. 37). During the past year we have treated 12 patients for this condition. These patients were seen anywhere from three days to nine months after receiving injections of penicillin, and each had a severe case of recurrent urticaria and angioneurotic edema.

Nine patients were treated with rapid intravenous infusions of 500 cc. of histamine in saline, each infusion containing 1 mg. of histamine base. These treatments were given daily.

In each patient adequately treated, the response was quite favorable within several days. Satisfactory results were maintained by further intravenous treatment or by further subcutaneous histamine desensitization. The other 3 patients were treated with daily intravenous infusions of procaine hydrochloride, and the results in each instance were also very favorable.

I am reporting these cases to point out that there are several new avenues of approach to the problem, if the practitioner finds that his routine therapy is not successful.

LESTER S. BLUMENTHAL, M.D.

Washington, D.C.

Protests Minority Group 'Joke'

TO THE EDITORS: I should like to call your attention to a "joke" in your December 1, 1949 issue (p. 96). It is the second one in the column. It is in very poor taste since it pokes fun at the Negro race.

In these days of emphasis upon racial and religious tolerance, civil rights, and so forth, it behooves us all to avoid ridicule and insults toward the various minorities which make up our republic. Specifically this "joke" portrays a stereotype of the Negro people as being [a] possessed of poor grammar, and [b] possessed of poor sexual morality.

I hope that even your Patients I Have Met column will in the future be free of racial prejudice.

EMIL ROTHSTEIN, M.D.

Wood, Wis.

¶We did not intend and sincerely regret the implications Dr. Rothstein read into the "joke".—Ed.

Readers Pleased

TO THE EDITORS: May I congratulate you on your very fine periodical. It is concise and informative.

MICHAEL A. GREGG, M.D.

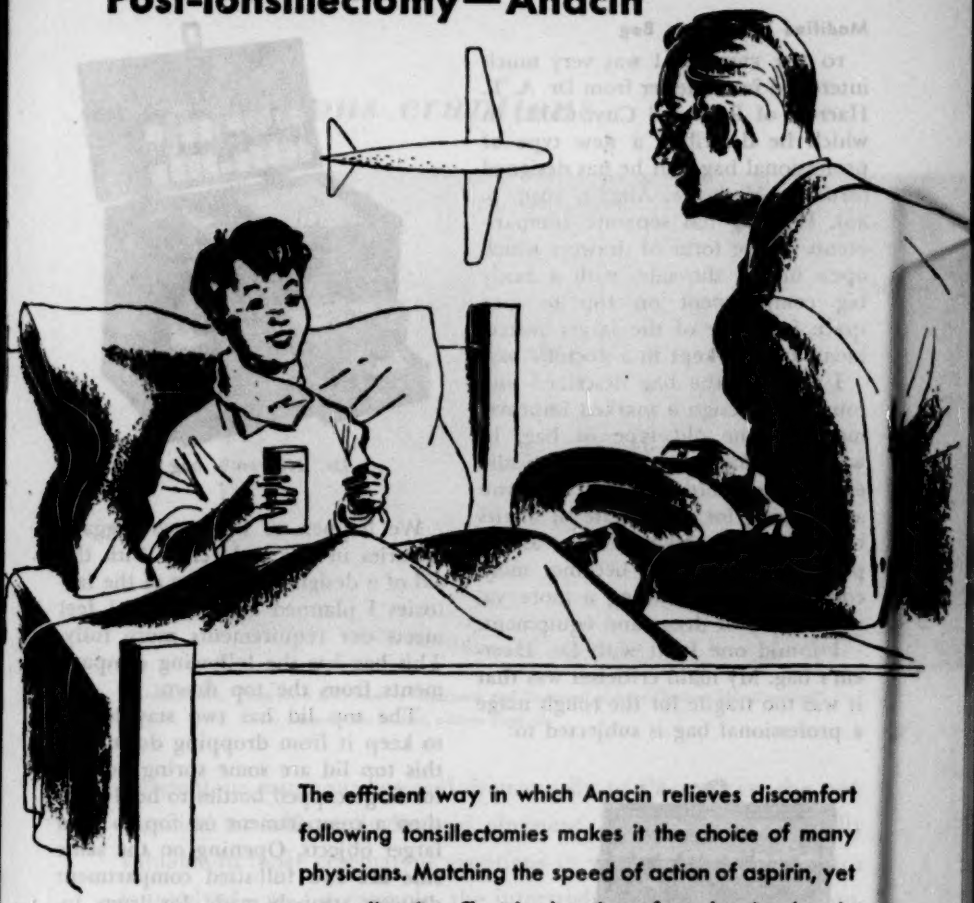
Chicago

► TO THE EDITORS: I find *Modern Medicine* of increasing interest.

MENNASCH KALKSTEIN, M.D.

New York City

Post-Tonsillectomy—Anacin



The efficient way in which Anacin relieves discomfort following tonsillectomies makes it the choice of many physicians. Matching the speed of action of aspirin, yet exceeding its effect in duration of analgesia, Anacin enables the patient to obtain relief in most cases without the use of hypnotics or narcotics. Anacin tablets are easy for children as well as adults to take. Available at all hospital pharmacies and drug stores.

ANACIN®

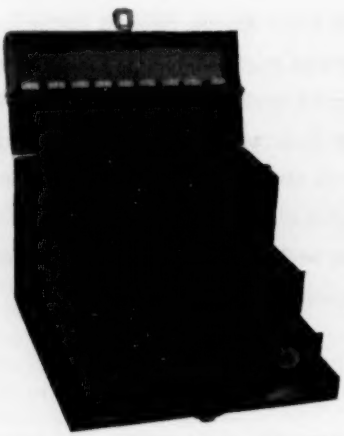
WHITEHALL PHARMACAL COMPANY • 22 East 40th Street, New York 16, N. Y.

Modified Physician's Bag

TO THE EDITORS: I was very much interested in the letter from Dr. A. T. Haerem of Redwood City, Calif., in which he described a new type of professional bag that he has designed (*Modern Medicine*, Aug. 1, 1949, p. 20). His bag has separate compartments in the form of drawers which open up on the side, with a fairly big compartment on top to give space for some of the larger instruments usually kept in a doctor's bag.

I sent for the bag described and found the design a marked improvement on the old type of bag, in which you have to remove practically everything in order to find what you are looking for. This state of affairs becomes more and more true as the practice of medicine becomes more complicated, demanding a more varied supply of drugs and equipment.

I found one fault with Dr. Haerem's bag. My main criticism was that it was too fragile for the rough usage a professional bag is subjected to.



Dr. Overgard's bag

Dr. Haerem's bag

We happen to have two luggage factories in our little city. With the aid of a designer from one of the factories I planned a bag which I feel meets our requirements more fully. This bag has the following compartments from the top down:

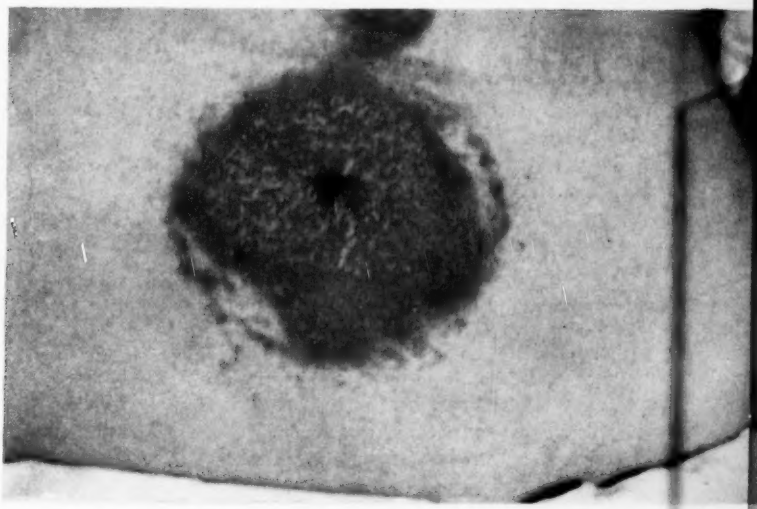
The top lid has two stay hinges to keep it from dropping down. On this top lid are some spring holders for large capped bottles to hold pills, then a compartment on top to hold larger objects. Opening on the same side are two full-sized compartment drawers, strongly made, for drugs, instruments, and so forth.

I have used this bag for about two months and find it very well made. I am pleased with the much greater convenience it gives, compared to the old type of bag I have used in the past.

Thinking you might be interested, I am enclosing a photograph of the bag.

ALBON W. OVERGARD, M.D.
Stanley, Wis.

in eczematous eruptions



Moniliasis. *From the S.K.F. booklet, "Diagnosis and Treatment of Some Common Skin Disorders". For a copy of the booklet, address Dept. B.*

Eczematous eruptions respond dramatically to PRAGMATAR, the outstanding tar-sulfur-salicylic acid ointment. PRAGMATAR is especially valuable in those eczematous eruptions in which a seborrheic factor is involved—as, for example, the intertriginous inflammatory eruptions associated with superficial bacterial or yeast infections.

Smith, Kline & French Laboratories, Philadelphia 1

Pragmatar

highly effective in an unusually wide range

of common skin disorders

See how Acnomel solves the acne problem!

ACNOMEL ordinarily brings definite improvement in a matter of days. But ACNOMEL does more. Delicately flesh-tinted, ACNOMEL masks unsightly lesions, helps your teen-age acne patient overcome her "complexion-complex."

Smith, Kline & French Laboratories, Philadelphia

1

Before Acnomel

If neglected, acne may cause not only permanent *physical* scarring but also permanent *emotional* scarring. ACNOMEL clears up acne lesions, banishes that being-stared-at feeling.

2

Applying Acnomel

Due to its superior vehicle, ACNOMEL can be applied smoothly and evenly, dries in a few seconds after application. ACNOMEL removes excess oil from skin, washes off readily with water.

3

After Acnomel

Flesh-tinted ACNOMEL, although virtually invisible, has masked unsightly lesions. The active drugs (resorcinol, 2%, and sulfur, 8%) are in intimate, prolonged contact with the affected area.

Acnomel

a significant advance, clinical and cosmetic, in acne therapy

Reply to German Doctors

TO THE EDITORS: It gave me a peculiar feeling to read the open letter of the German physicians in which they express interest and sympathy for the attempt of the World Health Organization to overcome governmental and red-tape obstacles to promote public health in behalf of ill persons in countries with doctor shortages.

This must be a new feeling in these doctors. Even in "good times" German bureaucracy never could overcome such obstacles, and it is probably due to these same obstacles that such a considerable surplus of German physicians exists in the Western Zones, and not due "to several adverse political and economical circumstances," as Dr. Edmund Banaschewski expresses it.

I would rather attribute the surplus to a lost war, which they started, and to a lost *Weltanschauung*, which they have not brought back to normal standards, yet.

Not only did these doctors exclude themselves for fifteen years from all international teamwork, but they also had no mercy or comradely feeling for the men of their own profession, in their own country. They were the first ones among the so-called intellectuals in Germany to subscribe to the "Superman idea," and I would just like to remind you of Prof. Claus Schilling, that renowned "Serious Scientist," who injected live malaria into the veins of human beings.

No, even if they were as skilled as they profess to be, I would not send them out into other countries so that they might infect other peoples with their sick philosophies.

W. A. CASPER, M.D.

New York City

Leg Cramp Relief

TO THE EDITORS: In the Questions & Answers section of the November 15, 1949, issue (p. 42) an M.D. from New York wants to know what to do about leg cramps in pregnancy. In my own practice I believe that without fail I have been able to relieve and to prevent these leg cramps by prescribing calcium gluconate tablets, 15 gr., to be taken every four hours, if necessary, but usually the patient states that 1 tablet chewed and swallowed at bedtime prevents the occurrence of cramps through the night.

As a matter of interest, just last fall a friend of mine wanted to go elk hunting but stated that he hated to go because he usually got such severe cramps in his legs. I prescribed the calcium gluconate tablets, and he wrote, "The pregnancy tablets worked."

I believe that the readers will find if they try these tablets in their obstetric practice they will have many grateful patients.

RALPH M. BUTTERMORE, M.D.
Grangeville, Idaho

Reading Pays Off

TO THE EDITORS: I wish to congratulate *Modern Medicine* on the clear manner in which the Diagnostix section is presented. In fact, the cases are presented so well that I find my office nurse is able to make a diagnosis herself in the majority of cases. Her batting average is not much less than mine. Since she is an avid reader of *Modern Medicine*, should I attribute her diagnostic ability to your journal?

H. E. BASS, M.D.
New York City

¶By all means, Dr. Bass.—Ed.

AUREOMYCIN HYDROCHLORIDE LEDERLE

in resistant staphylococcal infections

AUREOMYCIN

Aureomycin has been shown to be highly useful in the control of staphylococcal infections, many of which exhibit a high degree of resistance to other antibiotics and chemotherapeutic agents. The prognosis in systemic staphylococcal infections is sufficiently serious so that the optimum treatment should be administered immediately, and continued for one or several days after the temperature has subsided to normal.

Aureomycin has been found effective for the control of the following infections: bacteroides septicemia, brucellosis, Gram-negative infections — including those caused by the coli-aerogenes group, Gram-positive infections — including those caused by streptococci and pneumococci, granuloma inguinale, lymphogranuloma venereum, *Hemophilus influenzae* infections, primary atypical pneumonia, psittacosis, Q fever, rickettsialpox, Rocky Mountain spotted fever, penicillin-resistant subacute bacterial endocarditis, tularemia, typhus, bacterial and viral-like infections of the eye.

Capsules: Bottles of 25, 50 mg. each capsule. Bottles of 16, 250 mg. each capsule.
Ophthalmic: Vials of 25 mg. with dropper; solution prepared by adding 5 cc. of distilled water.

LEDERLE LABORATORIES DIVISION

AMERICAN Cyanamid COMPANY

30 Rockefeller Plaza, New York 20, N. Y.

in Sulfonamide Therapy

Full sulfonamide dosage without any feeling of apprehension over renal complications.

Maximum Therapeutic Efficacy. High initial blood levels are produced rapidly, and are consistently maintained on a dosage of 2 teaspoonfuls every 4 hours.

Maximum Safety. The total solubility of two sulfonamides is significantly greater then either one alone. The solubility is further increased because Aldiazol-**M** alkalizes the urine, hence reduces the hazard of crystalluria.

Greater Palatability. The pleasant taste of Aldiazol-**M** invites patient cooperation and, in juvenile patients, forestalls "medicine-time tantrums."

Aldiazol-M is available, on prescription, in all pharmacies. Write for sample and literature.

The S. E. MASSENGILL COMPANY
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Each teaspoonful (5 cc.) of Aldiazol-M provides:

Sulfadiazine (microcrystalline)	0.25 Gm.
Sulfamerazine (microcrystalline)	0.25 Gm.
Sodium Citrate	1.0 Gm.

ALDIAZOL-M

to make the common cold less common

CORICIDIN*

(antihistaminic—antipyretic—analgesic)

CORICIDIN

with* Chlor-*Trimeton*

antihistaminic therapy

... prevents or aborts colds in 90% of cases when initiated within the first hour of symptoms.[1]

... shortens duration and decreases severity of an established cold.[1, 2]

... reduces the spread of infection to others by eliminating sneezing, lacrimation, rhinorrhea and coughing.[1]

DOSAGE AND TIMING: Two CORICIDIN tablets at the very first indication of a cold, then one tablet every three or four hours for three or four days. In established colds, one tablet every three or four hours for palliative effect.

COMPOSITION: Chlor-*Trimeton* 2.0 mg. (1/30 gr.) with Acetylsalicylic acid 0.23 Gm. (3½ gr.), Acetophenetidin 0.15 Gm. (2½ gr.) and Caffeine 0.03 Gm. (½ gr.).

PACKAGING: CORICIDIN tablets, tubes of 12; bottles of 100 and 1000.

BIBLIOGRAPHY:

1. Brewster, J. M.: U. S. Nav. M. Bull. *49*:1, 1949.
2. Murray, H. G.: Indust. Med. *18*:215. 1949.

*T.M.

Schering CORPORATION
BLOOMFIELD, N. J.

SCHERING

Washington Letter

Public Education Campaign on Cancer Is Inaugurated

National Cancer Institute, making use of a liberal appropriation, has started a new campaign to alert the public to the problems of the disease and the necessity for early diagnosis.

Four pamphlets now are in print and in a few weeks two more will be available. The Institute is anxious to place them in physicians' offices, for distribution to patients. Institute officials say that this is the best possible propaganda. They believe that the patient is more receptive to such information while in the doctor's office. Furthermore, if the patient suspects cancer symptoms, he may be examined immediately.

Physicians may receive any number of the pamphlets without cost by sending a letter or postcard to National Cancer Institute, Bethesda, Md. Pamphlets are written in lay language. Anyone with the equivalent of a high school education should be able to read them and absorb all necessary information.

The Institute wants doctors to encourage their patients to take the pamphlets home and familiarize themselves with the contents.

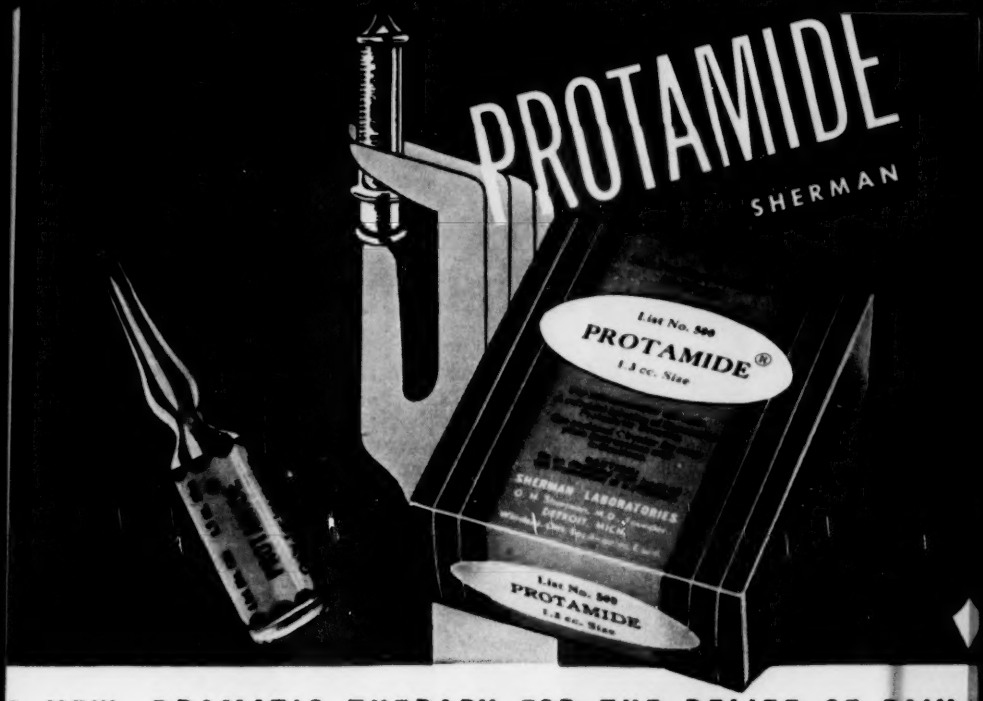
The first four pamphlets are concerned with cancer symptoms of the digestive tract, mouth and respiratory tract, female reproductive organs, and breast.

"Farmer Brown is here to pay his bill."

Each is 3 by 6 in. and has a cover printed in three colors. Simple illustrations in color and black and white are used. The pamphlets are written, not to encourage self-diagnosis, but rather to induce the reader to have periodic examinations.

In a few weeks the Institute will make available pamphlets

(Continued on page 30)



A NEW, DRAMATIC THERAPY FOR THE RELIEF OF PAIN AND LESIONS OF HERPES ZOSTER

DESCRIPTION: Protamide is a sterile, aqueous colloidal solution of a specially processed proteolytic enzyme, for the maximum relief of nerve root pains of Herpes Zoster and Tabes Dorsalis.

CLINICAL RESULTS: Highly gratifying clinical results have been obtained with the use of **Protamide** (Sherman) in the treatment of the extremely resistant herpes syndrome. Pain has been relieved in the great majority of herpes cases within four to forty-eight hours and lesions have healed in ten days or less—regardless of the particular nerve roots involved. Complete clinical data may be obtained by writing for the Protamide literature on Herpes Zoster and a recent reprint on Protamide for Tabes Dorsalis.

ALSO CLINICALLY PROVED FOR THE LIGHTNING PAINS AND ATAXIA OF TABES DORSALIS

DOSAGE: In Herpes Zoster the recommended dosage is 1.3 cc of Protamide intramuscularly each day from two to four days. Causes no reactions — comparatively painless — no contraindications or incompatability. All Protamide is clinically tested for positive results. Canbe stored at room temperature without loss of potency.

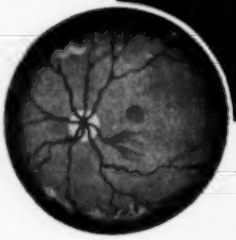
REGISTERED U. S. TRADE MARK

SHERMAN LABORATORIES
G. H. Sherman, M. D., Founder
BIOLOGICALS • PHARMACEUTICALS
DETROIT 15, MICHIGAN

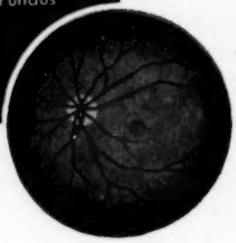
RUTAMINAL*

the protection of **rutin**[1] the action of **aminophylline** the sedation of **phenobarbital** —for use in selected cardiovascular and diabetic conditions in which excessive capillary fragility presents a complicating hazard —bottles of 100 tablets

Ocular Fundus in Degenerative Vascular Disease—Hypertension, Diabetes, Arteriosclerosis —note tortuous blood vessels, areas of exudation, hemorrhagic areas.



Normal Ocular Fundus

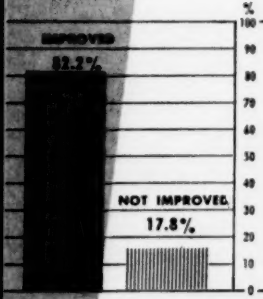


In keeping with newer clinical findings, the rutin content of RUTAMINAL has been increased to 60 mg. per tablet (three times the former rutin content) at no increase in cost to the patient.

*RUTAMINAL is the trademark of Schenley Laboratories, Inc. and designates exclusively its brand of tablets containing rutin, aminophylline, and phenobarbital.

schenley laboratories, inc., 350 fifth ave., new york 1, n. y.

What do you look for in an antiarthritic ?



EFFECTIVENESS?

With Ertron,® local and systemic improvement has been reported in 701 out of 852 arthritic patients. Thus beneficial results were obtained in 82%; and no improvement was noted in only 17.8%. In a disease as resistant as rheumatoid arthritis, this is truly effective therapy.[1]

"No specificity is claimed for Ertron therapy. However, any substance which is non-toxic and which by its general systemic action does produce improved sense of well-being, diminution of soft tissue swelling, relief of pain, and improved muscle strength and which does make possible a return to gainful occupation, should be used in the treatment of arthritic patients."[2]

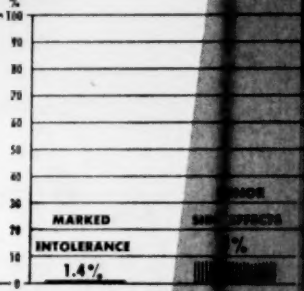
ERTRON

STEROID COMPLEX, WHITTIER

TOLERABILITY?

Tolerance to Ertron is high in patients under periodic observation. Untoward side reactions are rare.[3] In 1,020 arthritic patients, marked intolerance requiring cessation of therapy occurred in only 1.4%, while minor side effects, such as nausea, gastrointestinal upset, headache, etc., were encountered in about 8%.

"These mild digestive disturbances disappear almost immediately after the cessation of Ertron administration and usually do not recur when this therapy is again instituted."[4]



Ertron is supplied in bottles of 50, 100 and 500 capsules, and Ertron Parenteral in packages of six 1 cc. ampuls. Each capsule contains 5 milligrams of activation-products having antirachitic activity of fifty thousand U.S.P. units. Each ampul contains activation-products having antirachitic activity of five hundred thousand U.S.P. units, in sesame oil. Biologically standardized.

BIBLIOGRAPHY

(1) Magnuson, P. B.; McElvenney, R. T., and Logan, E. E.: J. Michigan M. Soc. 46:71, 1947
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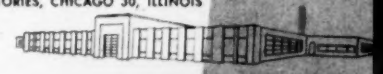
(3) Cohen, A., and Reinhold, J. G.: Indust. Med. 17:442, 1948
(4) Farley, R. T.; Spierling, H. F., and Kraines, S. H.: Indust. Med. 10:341, 1941

Whittier

LABORATORIES • DIVISION NUTRITION RESEARCH LABORATORIES, CHICAGO 30, ILLINOIS



on the genitourinary tract and the skin. Later in the spring, two more will be published on gastrointestinal cancer and on self-examination for cancer symptoms. Each pamphlet emphasizes the warning "see a doctor immediately."

Each also repeats the following possible symptoms: any lump, especially in the breast; irregular bleeding or discharge from body opening; persistent indigestion; unexplained changes in bowel habits; unexplained weight loss; changes in color or size of a mole; any sore that does not heal promptly.

The Institute has in production a 16-mm. movie on cancer, intended primarily for high school and junior high classes, to spread the story of cancer detection and to interest more students in cancer research as a career. Copies of the film will be available to schools or professional groups free of charge.

"I saw a stork today."

Adoption Procedure

Children's Bureau of Federal Security Agency has published a pamphlet on the *Essentials of Adoption Law and Procedure*. It should be of especial value to physicians practicing in areas where public welfare laws or officials are lax.

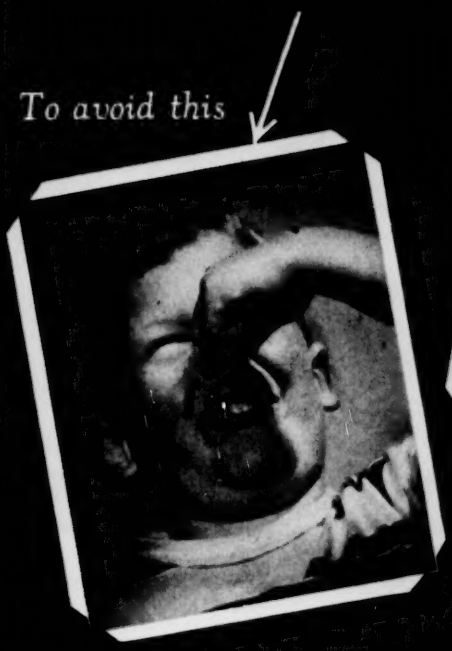
The booklet furnishes the physician all the information he needs if he is obliged to take part in adoption proceedings. Nine rules are given, an important one being: "Adoption proceedings should be instituted in a court of record having jurisdiction over children's cases, in the home state of the petitioners for adoption, and preferably in the local community in which they live and are known and where the child is properly before the court."

This pamphlet will be furnished free. Write Children's Bureau, Federal Security Agency, Washington 25, D.C.

Clinical Notes

Notes from AMA Clinical Session: Decision to assess members $25 each to fight the Truman health plan came at a time when the administration's plan was at an all-time low point. There is no chance at all that it will be passed this year. . . . Spokesman said that AMA had rejected a compromise offer, which the administration denied having made. Actually, the offer was made informally and off the record, as this column predicted a few months ago. . . . Two popular displays were skat-

(Continued on page 34)



To avoid this

write Eskacillin-

The liquid oral penicillin that tastes good!

ESKACILLIN tastes so good that even young children actually like to take it.

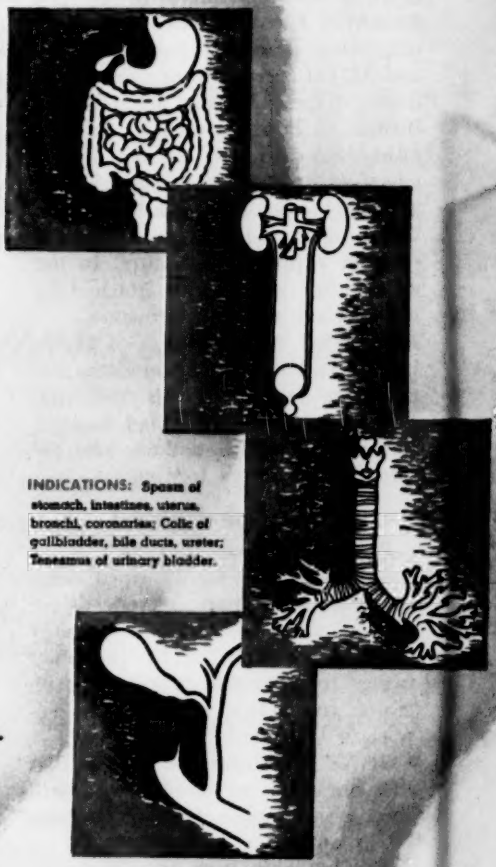
But palatability is not ESKACILLIN'S only advantage. Unlike most extemporaneous "fruit syrup" mixtures, ESKACILLIN maintains its potency for 7 full days under refrigeration.

Each teaspoonful of ESKACILLIN contains 50,000 units of crystalline penicillin G—and produces a blood level equivalent to that obtained with a 50,000 unit penicillin tablet. ESKACILLIN is supplied in 2 fl. oz. bottles —containing 600,000 units of penicillin.

Eskacillin *the unusually palatable liquid penicillin for oral use*

Smith, Kline & French Laboratories, Philadelphia

For relief of smooth muscle spasm, authoritative clinical data[1,2,3,4,5] attest the high efficacy of Donnatal 'Robins'—the spasmolytic employing *natural belladonna alkaloids* in precise, optimal ratios, together with a minimum phenobarbital content. Indeed, these facts are well established: (1) that Donnatal affords all the advantages of the natural belladonna alkaloids – yet is significantly non-toxic; (2) that it provides frequently required sedation—yet is entirely non-narcotic; (3) that it has marked pharmacologic potency – yet costs less; and (4) that its flexibility of dosage form – tablet, capsule and elixir – permits convenient, easy administration to patients of *all* ages. These facts make this product of Robins' research one of the safest and most dependable visceral spasmolytics available today.



FORMULA: Each tablet or capsule, and each 5 cc. (1 teaspoonful) of elixir contains:

Hyoscyamine Sulfate	0.1037 mg.
Atropine Sulfate	0.0194 mg.
Hyoscine Hydrobromide	0.0065 mg.
Phenobarbital (¼ gr.)	16.2 mg.

DOSAGE: Tablets or capsules: 1 to 2, three or more times daily (up to 9 tablets or capsules may be given within 24 hours without toxic effects).

Infants: ½ teaspoonful two or three times daily as necessary. Children: one teaspoonful two or three times daily as needed. Adults: one or two teaspoonfuls three or four times daily.

AVAILABLE: Donnatal Tablets and Capsules in bottles of 100, 500, and 1000. Elixir in pints and gallons.

INDICATIONS: Spasm of stomach, intestines, uterus, bronchi, coronaries; Colic of gallbladder, bile ducts, ureter; Tenesmus of urinary bladder.

REFERENCES:

1. Elstein, R.I.: Rev. Gastroenterol., 14:171, 1947.
2. Lee, L. W.: Neb. State Med. J., 34:59, 1949.
3. Morrissey, J. H.: J. Urol., 57:635, 1947.
4. Ricci, J. V.: Contributions from Dept. of Gynecology, City Hospital, New York, 1946, New York Medical College, New York, 1947.
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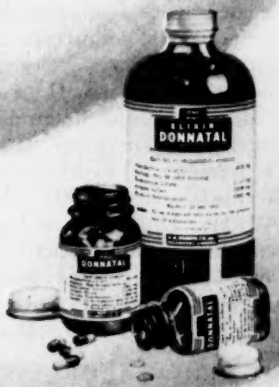
Ethical Pharmaceuticals of Merit since 1878



Robins

er with artificial left leg and lush brunette with nothing artificial. . . . New York University–Bellevue scientific team described how cortisone and ACTH treatments apparently induced diabetes during arrest of arthritis. . . . Two new technics for televising an operation proved highly effective. In one, TV camera was actually located in the center of the operating-room light, shifting as the surgeon adjusted the fixture. In the other, the camera was attached to the eyepiece of the gastroscope. . . . Dr. Preston A. McLendon of Washington said that many modern mothers are feeding cereals and vitamin oils too soon. He had nothing but praise for the mothers who are returning to breast feeding.

Radioactive Wastes

Progress in handling radioactive wastes—which has handicapped atomic energy work from the start—is described in a new Atomic Energy Commission report. The pamphlet brings together the protective principles. In medical research, two important safeguards are observed:

1] AEC first must be assured that the physician or worker who will receive the isotope shipment is trained in protective technics.

2] The laboratory or clinic must be provided with adequate measuring and protective devices.

The stubborn nature of the waste problem is indicated by the fact that a set of rules for disposal of radioactive wastes, adopted in September 1948, is still enforced. This report is available from the Government Printing office for 15¢. Refer to it by title, *Handling Radioactive Wastes in the Atomic Energy Program.*

Navy currently is conducting a six-months' course of instruction in the handling and technical application of isotopes. The course includes general and radio chemistry, mathematics, outline of radiation, preparation of isotopes, laboratory procedures including use of Geiger counters, radioautographs, safety precautions, and use and care of scalers, tubes, and survey meters.

$835,770 in Grants

Sixty-one nonfederal institutions share in the latest group of U.S. grants for research, which total $835,770. Projects cover a wide range, including effects of parental age on longevity, use of streptomycin in tuberculosis, electrical activity of central nervous system, and psychosomatic aspects of peptic ulcer. The federal grants for such purposes in the last six months total almost $3,000,000. . . . Public Health Service also rewarded $60,961 to four heart research projects: Dr. Walter Kempner, Duke University, originator of the rice diet, to investigate mechanism by which this diet benefits hypertensive patients; Dr. Otto Krayer, Harvard University, to investigate chemical compounds for properties which counteract heart-stimulating substances released by the body; Dr. Irvine H. Page, Cleveland Clinic, to determine the influence of endocrine glands in development of hypertension and arteriosclerosis; and Dr. Sheppard M. Walker, University of Louisville, to investigate muscle activity, employing adrenal cortical hormones, sex hormones, quinine, and other chemicals, as well as electrical stimulation.

Forensic Medicine

COMPILED BY ARTHUR L. H. STREET, LL.B.

PROBLEM: In a California suit for damages brought by a patient and her husband against a surgeon, on the ground of technical assault in performing an allegedly unauthorized subtotal hysterectomy, it appeared: Continual vaginal bleeding had led to examinations by defendant and 2 other doctors. One of the latter diagnosed the symptoms as an ovarian cyst and the other as a growth on the uterus; all advised surgery. Before defendant, assisted by another surgeon, proceeded, the patient signed a consent to whatever "anesthetic and operation" might be decided to be necessary or advisable. A hysterectomy was determined upon when the patient's abdomen was opened and a large tumor was found attached to the uterus and multiple fibroid tumors appeared in the uterine wall. The postoperative course was normal and the patient and her husband, being told of the operation, expressed no dissatisfaction until difficulty arose over defendant refusing to give the patient sleeping pills. Was the doctor liable?

COURT'S ANSWER: No.

Said California District Court of Appeal, Second District, Division 2:

It was defendant's duty to do whatever was necessary to effect a cure. In exercising his best judgment as to what was the proper course to pursue he was performing a professional service for which he had been employed. When a surgeon is confronted with an emergency or an unanticipated condition and immediate action is necessary for the preservation of the life or health of the patient and it is impracticable to obtain consent to an operation which he deems to be immediately necessary, it is his duty to do what the occasion demands within the usual and customary practice among physicians and surgeons in the same or similar localities, and he is justified in extending the operation and in removing and overcoming the condition without the express consent of the patient.

The court conceded that it was open to the plaintiffs to prove, if they could, that the wife signed the consent while under the influence of a sedative and did not know what she was doing. But the court refused to disturb the jury's implied finding that she did know what she was doing, and decided that her consent justified removal of two-thirds of her uterus (208 Pac. 2d 68).

PROBLEM: Under Oklahoma statutes and Board of Health rules concerning examinations for venereal diseases of persons arrested for vagrancy or sex offenses, could a woman convicted as a vagrant prostitute insist upon examination by a licensed physician of her own choosing if he was not on a list of physicians approved by the health authorities?

COURT'S ANSWER: No.

The Oklahoma Criminal Court of Appeals said that the statutory requirement that the examination be made by an "approved licensed physician" implied "something more than just a license to practice. And for good reason, considering that not all physicians may be in sympathy or fa-

(Continued on page 40)

Specific for

vaginal trichomoniasis

"All patients became symptom-free and bacteriologically negative..."[1]

Now effective in

moniliasis

"Symptomatic cure was effected in about 80% and mycologic cure in about 50%..."[2]

DUAL INFESTATION

AVC IMPROVED

ALLANTOMIDE VAGINAL CREAM with 9-Aminoacridine

MONILIA

TRICHOMONAS

AVC (Allantomide Vaginal Cream) has long been accepted by clinicians as specific for the treatment of vaginal trichomoniasis. Investigators have unanimously reported it effective in 98-100% of cases.[3] With the addition of 9-aminoacridine, a new, potent antiseptic agent, AVC IMPROVED is capable of effecting mycologic cure in moniliasis.[2] Thus, AVC IMPROVED may be expected to provide relief in those stubborn cases of vaginitis which are due to mixed infections.

Available in 4 oz. tubes, with or without plastic applicator.

1. Horoschak, A., and Horoschak, S.: Jl. Med. Soc. N. J., 43:92. Mar., 1946.
2. Dill, L. V. & Martin, S. S.: Med. Ann. Dist. Col., 17:389, July, 1948.
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The National Drug Company **Philadelphia 44, Pa.**

More than Half a Century of Service to the Medical Profession


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new
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strikes better
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miliar with the rules of the State Board of Health or the Directors of venereal clinics in the state under such rules." The court cited common knowledge that recognized hospitals throughout the land allow only approved staff physicians to perform certain operations or prescribe for disease. The policy is supported by "reasons too numerous to mention."

The court also upheld the validity and reasonableness of a board rule requiring that specimens be taken forty-eight hours apart to determine whether infection exists, and, therefore, decided that the woman in this case was not entitled to release because the first specimens were negative. The statutory provision for an "examination" did not preclude the board from providing for a series of tests reasonably calculated to produce an adequate examination (210 Pac. 2d 191).

PROBLEM: A doctor's license to practice medicine lapsed because for three consecutive years he failed to pay an annual registration fee ($2 for residents and $10 for nonresidents). To reinstate his license, did he have to comply with existing requirements for securing an original license?

COURT'S ANSWER: No.

Annulling such a requirement made by the Colorado licensing act, the Supreme Court of that state said that, under enforcement of the provision, many excellent physicians and surgeons might lose their valuable right to practice through neglect, during extended absence or otherwise, to pay a registration fee. "They might find themselves unable, notwithstanding actual ability and experience, to meet the new qualifications for an original license." The court concluded that if, for some reason affecting the public welfare, a doctor is disqualified to practice, other provisions of the local statutes afforded ample ground for revocation of his license (203 Pac. 2d 730).

¶Although the court did not rest its decision on peculiar equities that existed in favor of the doctor involved, it seems that the opinion would have been strengthened by emphasizing the fact that the doctor did not know that provision for an annual registration fee had been enacted and was not notified that he was in arrears. Some courts in other states might not regard it as being an unreasonable requirement, under ordinary circumstances, to condition reinstatement of a lapsed license upon compliance with new and revised provisions governing original applications for license to practice. Some courts might say of a physician's license what the Missouri Supreme Court said in upholding a regulation that required the holder of a lapsed embalmer's license to be reexamined: "A re-examination of one who has permitted his license to expire is not an oppressive requirement or an invasion of an inherent right. It affords the board an opportunity to determine whether, under that feeling of security afforded by a license renewable upon a mere application, the applicant has not become inefficient through mental inertia" (250 S. W. 44).—A.L.H.S.

PROBLEM: A doctor twice in one week attempted to abort a pregnant woman without legal justification. Did he commit one or two offenses?

COURT'S ANSWER: Two.

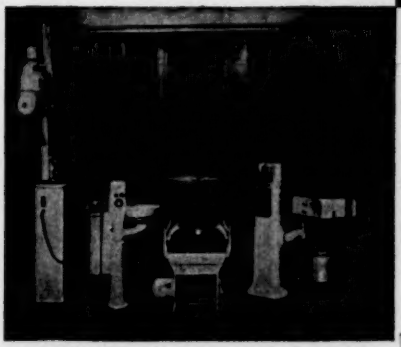
The California District Court of Appeal declared that the gist of criminal abortion is not its consummation but the commission of prohibited acts with intent to procure abortion (209 Pac. 2d 33).

NOT A LUXURY...
but ENDURING VALUE

Many doctors are insuring the widest scope for their professional skill by an investment in Ritter equipment. With Ritter, you enjoy greater efficiency, more convenience and modern appearance that leads to a successful practice. Patients appreciate the added comfort . . . you conclude your day's work feeling fit. Ritter equipment is not low in price, but it is *economical.* Enrich *your* practice with Ritter equipment . . . a moderate investment for a lifetime of satisfaction.

Ritter

BUILT UP TO A STANDARD
NOT DOWN TO A PRICE



A Complete Ritter ENT Treatment Room

● Modern, time-saving Ritter ENT equipment gives your skill greater scope in the treatment room. With four types of Ritter ENT Units available, you can choose the one best suited to your individual technique. Combined with a Ritter Motor Chair, Stool, ENT Shockproof X-ray and DeLuxe Hydromatic Sterilizer, you have a modern, efficient office. As a progressive doctor, try economical Ritter equipment. Benefit from the advantages that will enhance your future years of practice.

FOR ADVANCED EQUIPMENT LOOK TO

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RITTER PARK, ROCHESTER 3, N. Y.

Questions & Answers

All questions received will be answered by letter directed to the petitioner; questions chosen for publication will appear with the physician's name deleted. Address all inquiries to the Editorial Department, MODERN MEDICINE, *84 South Tenth Street, Minneapolis 3, Minnesota.*

QUESTION: What is the treatment for infection with *Monilia* vaginitis which has not improved after paintings with gentian violet?

M.D., Idaho

ANSWER: *By Consultant in Gynecology.* *Monilia* vaginitis infection which is not improved by gentian violet may be treated with propionic acid jelly. This is introduced into the vagina morning and evening for a period of three weeks and also applied to the labia. Another method of therapy is the use of sodium caprylate in the form of suppositories and powder for insufflation.

QUESTION: Is spondylolisthesis always a congenital deformity or can it result from injury?

M.D., Texas

ANSWER: *By Consultant in Orthopedics.* It is now generally accepted that the predisposing factor in spondylolisthesis is a congenital defect in the neural arch of the vertebra. The slipping of the vertebral body presumably takes place gradually during the first ten or twelve years of life and does not produce symptoms.

A history of trauma associated with symptoms in the low back has been obtained in 50% of patients with spondylolisthesis (Guy A. Coldwell, *Tr. South. S.A.* 40, 1948).

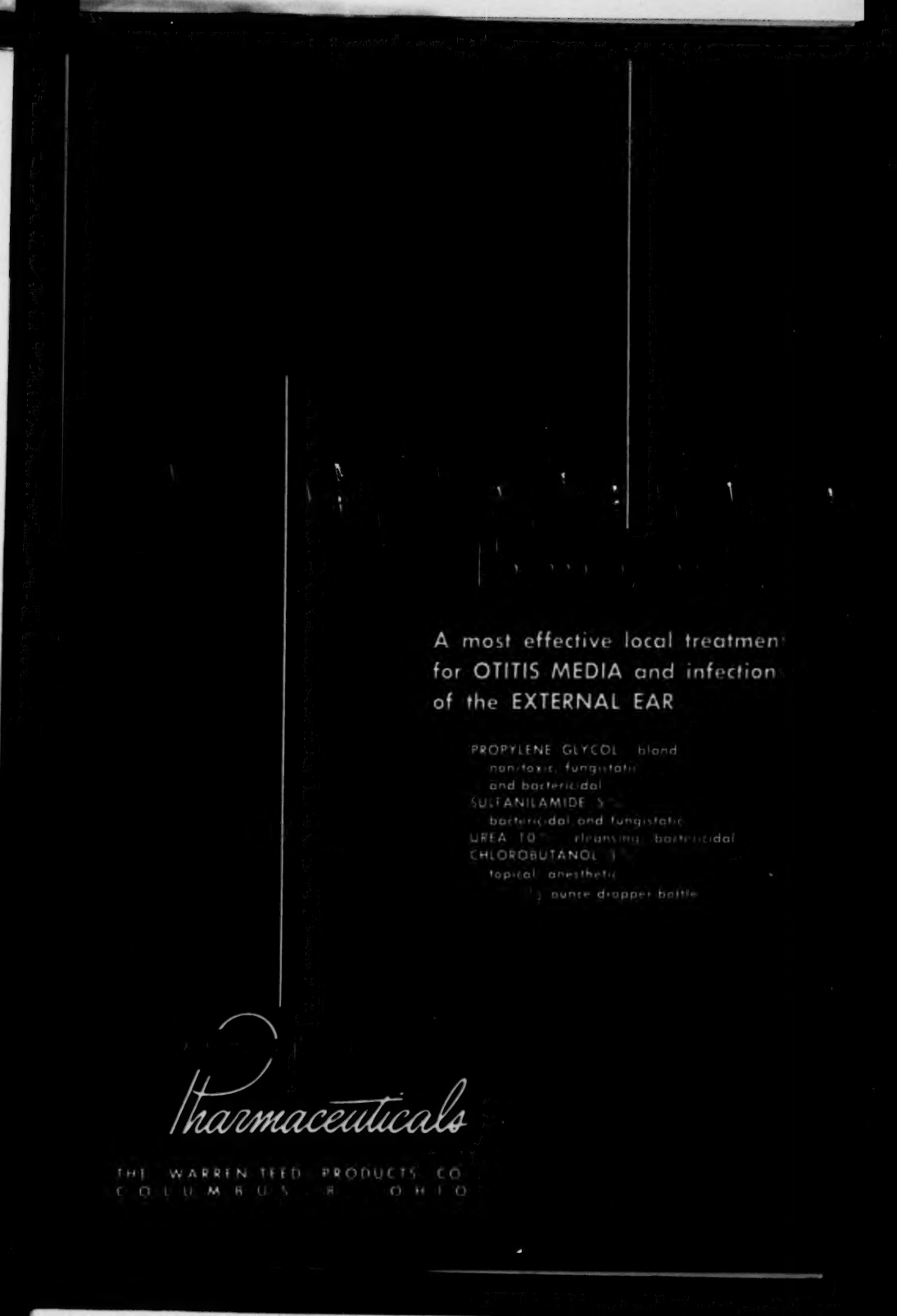
No substantial proof that the displacement of the vertebra results from a specific accident has been adduced. Data on this point are difficult to secure because of the rare chance that roentgenograms would have been taken immediately before an injury and thereby permit comparison of plates before and after the trauma.

Isadore Meschan (*Am. J. Roentgenol.* 53, 1945) reported that roentgenograms of a soldier showed progressive rarefaction along the line of the defect for twenty-two days after an injury. Dr. Meschan considered this "evidence that trauma, even of mild degree, may widen defect, initiate symptoms or start displacement."

QUESTION: What is the proper treatment for tumor of the gum?

M.D., Massachusetts

ANSWER: *By Consultant in Oral Surgery.* The concensus of such authorities as Thoma is that, for a positive result, the excision should be comprehensive and include the adjacent teeth and osseous structure when an epulis is to be removed. Thoma quotes a case record which describes excision of a large "block" of bone, with the teeth. I agree with the at-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titude, however, that this is rather drastic procedure for many cases, particularly when sound anterior teeth would be sacrificed. Relying upon the assumption that the tumors are benign, I have often excised the growth well beyond the gingiva, either by scalpel or electrosurgery, without extracting the teeth, and results have been most satisfactory. I would be reluctant to use an actual cautery, but the diathermy knife has not harmed the teeth or affected their vitality. Concerning the nature of a recurrent growth, my observation has been that those that had been inadequately removed do not differ from what they apparently were before interference, nor has the microscopic examination indicated that harm resulted from the dual operations.

QUESTION: A forty-three-year-old, somewhat neurotic unmarried man has been complaining of pruritus of the scalp for the past two or three years. The itching is so intense at night that it interferes with his sleep. His hair, formerly thick and bushy, has begun to thin because of the almost constant rubbing and scratching of the scalp. The patient is under moderate nervous and emotional strain during the day. He appears normal in every respect and there are no significant laboratory findings, no objective symptoms except slight seborrheic dermatitis of the scalp, apparently infectious or fungous. I would appreciate advice about treatment.

M.D., Connecticut

ANSWER: *By Consultant in Dermatology.* The seborrheic dermatitis should be treated, though apparently slight, because it may account for the itching and loss of hair. It is hard to tell from the description whether the condition is simple pruritus or diffuse neurodermatitis of the scalp.

(Continued on page 48)

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Nevertheless, the history suggests that the itching has a neurogenic basis, even though neurotic features have not been prominent. In either event, some attempt should be made to lessen the psychologic and emotional tension. Applications to the scalp are always difficult, and heavy ointment bases should not be used, although this patient will probably require an ointment. I would suggest one of the new emulsion bases, incorporating 3% salicyclic acid at the start and adding 6% sulfur precipitate if the initial treatment is well tolerated. If itching persists after the seborrheic process has been well controlled, the patient might then use Naftalan or Ichthyol in similar bases. Administration of antihistaminic agents, also, might possibly be helpful.

QUESTION: What information do you have on the treatment of myeloid leukemia with urethane?

M.D., Tennessee

ANSWER: *By Consultant in Internal Medicine.* Urethane is effective for chronic myeloid and less so for lymphatic leukemia, but not for acute leukemia. Urethane produces a fall in the total white cell count and a return to normal of the differential count. The enlarged spleen diminishes in size. Hemoglobin rises in most patients. The effects of urethane closely resemble those of radiotherapy; the drug is often effective when irradiation no longer produces regression in size of the spleen or lymph nodes. Urethane is given in oral doses of from 2 to 4 gm. daily. A relatively small maintenance dose of 1.5 gm. per day may be continued for long periods; doses up to 1,500 gm. spread over fifteen months have been used.

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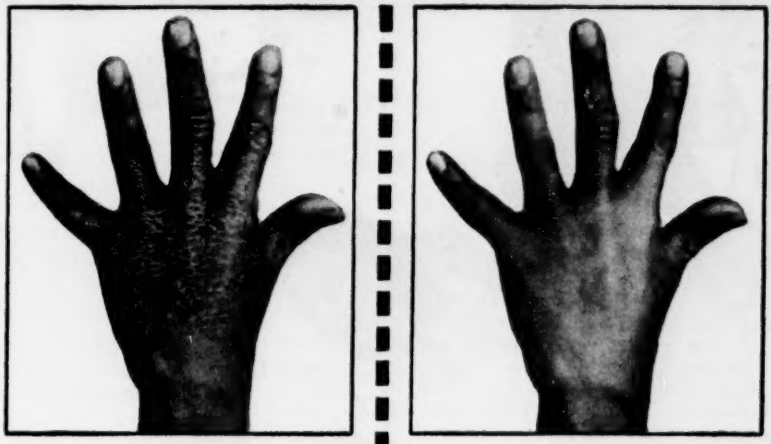

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MODERN MEDICINE

Systemic Administration of Bacitracin

*An appraisal based on results obtained in 270 cases**

BACITRACIN is an effective topical antibiotic for local infections, but difficulty in obtaining a nontoxic preparation of the drug has delayed systemic use. Now, however, a highly soluble form of bacitracin, which can safely be given intramuscularly, is available.

Recent studies by 6 physicians in widely separated parts of the country demonstrate the drug to be effective and innocuous when administered intramuscularly. Bacitracin is active against a wide variety of organisms and can often eradicate mixed, as well as single infections.

Infectious diseases which may be treated satisfactorily by intramuscular bacitracin include staphylococcal meningitis, acute osteomyelitis, cellulitis, carbuncles, infected wounds, and gangrene.

The initial dose should be about 200 units of bacitracin per kilogram of body weight. This amount may be doubled or tripled if necessary. Patients easily tolerate up to 200,000 units per day in divided doses.

About two-thirds of patients with pneumococcal pneumonia are benefited by bacitracin. Probably the drug should be used only if the organism is not affected by penicillin. Bacitracin enters the pleural fluid readily following intramuscular injection. Doses as small as 10,000 units every six hours may produce a favorable response.

With pneumococcal bacteremia, 30,000 units should be given every six or eight hours for five to seven days. If facilities are available, the sensitivity of the pneumococcus strain should be determined. The dosage may then be regulated to attain a blood level of bacitracin 10 times the sensitivity level.

THE AUTHORS

Over a period of twenty-two months 270 patients with a wide variety of surgical and medical infections have been treated with intramuscular bacitracin by 6 observers in different geographic areas of the United States. The accompanying appraisal is the work of these observers, who are:

FRANK L. MELENEY, M.D.
New York City
ALFRED B. LONGACRE, M.D.
New Orleans
WILLIAM A. ALTMEIER, M.D.
Cincinnati
EDWARD H. REISNER, JR., M.D.
New York City
EDWIN J. PULASKI, M.D.
Fort Sam Houston, Tex.
HAROLD A. ZINTEL, M.D.
Philadelphia

* The efficacy and the safety of the intramuscular administration of bacitracin in various types of surgical and certain medical infections. Surg., Gynec. & Obst. 89:657-683, 1949.

Bacitracin is effective for more than half of infections in which penicillin, streptomycin, and the sulfonamides have failed.

Only a few of the bacterial strains that are susceptible to penicillin are resistant to bacitracin, but many strains which are resistant to penicillin are sensitive to bacitracin. Inhibitors, such as penicillinase with penicillin, have not been noted with bacitracin. Chronic infections, often due to a mixture of organisms, tend to become resistant to penicillin. Bacitracin, having a wide therapeutic range is thus of especial value in mixed infections.

The first clinical sign of toxicity of bacitracin is anorexia. Nausea and vomiting may occur. Albumin, casts, and cellular elements appear in the urine during therapy. In a large majority of cases, urine returns to normal after a few days even though the drug is continued. Occasionally, bacitracin causes sufficient nephrotoxicity to prevent continued administration, although the kidney damage due to the drug is completely reversible.

When bacitracin is given, a daily urinalysis is indicated. In addition, tests for retained nitrogen should be made once or twice a week.

Apparently little or no improvement from bacitracin occurs in cases of actinomycosis, multiple furunculosis, or chronic osteomyelitis. No benefit was noted in 4 patients with ulcerative colitis or in 8 patients with bacterial endocarditis.

REFRACTORY AMEBIASIS may be abolished by thioarsenites C.C. No. 914 and 1037. Both liver and bowel wall are penetrated, and *Endamoeba histolytica* in cystic or motile form is destroyed. At the University of California, San Francisco, treatment was effective in 74 of 82 cases, and no toxic reactions occurred. Hamilton H. Anderson, M.D., gave only 1/10 to 1/5 the doses required for carbarsone. Adults received 3 to 7.2 gm. in seven to twenty-four days as enteric-coated tablets. For severe ulcerative dysentery, 3 to 6 gm. of No. 1037 was instilled rectally over a period of six days.

Am. Practitioner 4:218-221, 1949.

MIGRAINE AND HISTAMINE HEADACHES may be checked by a new vasodilator, methyl-iso-octenylamine (octin). For persons with normal blood pressure, the drug offers new hope when conventional preparations are ineffective and particularly when ergotamine is contraindicated or has been abused, find Gustavus A. Peters, M.D., and William W. Zeller, M.D., of the Mayo Clinic, Rochester, Minn. Octin hydrochloride is injected intramuscularly in 100-mg. doses. Headaches were partly or completely relieved in 48 of 59 cases, including a few of tension type.

Proc. Staff Meet., Mayo Clin. 24:563-568, 1949.

Parenteral Antihistamines for Asthma

HYMAN J. RUBITSKY, M.D., ELLIOTT BRESNICK, M.D., LEON LEVINSON, M.D., GEORGE RISMAN, Ph.D., AND MAURICE S. SEGAL, M.D.*

Boston City Hospital and Tufts College, Boston

BENADRYL and pyribenzamine given orally are of little value in bronchial asthma. When these antihistamines are administered parenterally, however, many patients with asthma are significantly benefited.

Hyman J. Rubitsky, M.D., Elliott Bresnick, M.D., Leon Levinson, M.D., George Risman, Ph.D., and Maurice S. Segal, M.D., list several beneficial actions of parenteral antihistaminics:

- Histamine blockage
- Restoration of adrenalin sensitivity
- Control of cholinergic bronchospasm
- Sedative action

Benadryl and pyribenzamine are capable of blocking the action of free histamine and thereby ameliorate the bronchospasm caused by histamine. Histamine-sensitive patients are the most favorably affected by antihistamine drugs.

Benadryl or pyribenzamine given intravenously or by aerosol confers almost complete protection against histamine. The relief is prompt and lasts up to four or six hours if administered intravenously, for about two hours by aerosol. When the drugs are given rectally, significant protection follows, but after a delay of fifteen or thirty minutes.

For intravenous injection, 20 to 50 mg. of either drug is given slowly in a saline infusion. The rate of administration should not exceed 10 mg. per minute. If mixed with aminophylline, a milky suspension forms, which apparently does not impair action of either drug when given rectally. However, for intravenous use, the antihistamines should not be mixed with aminophylline. If the latter drug is given, the antihistamine may be injected with the rubber tubing close to the needle.

A valuable effect of parenteral benadryl or pyribenzamine is the restoration of epinephrine-sensitivity, especially in status asthmaticus. Many severe asthmatics are adrenaline fast. Probably histamine-epinephrine balance is deranged. The administration of epinephrine or other sympathomimetic drugs then causes release of unopposed histamine. Parenteral antihistamines restore the balance between histamine and epinephrine. Bronchodilation then results from epinephrine therapy.

After the acute attack is relieved, maintenance doses of antihistamines are given intravenously, rectally, or by inhalation. A 2 to 5% solution of pyribenzamine may be given alone or mixed with a bronchodilating agent in a nebulizer. This route is particularly effective in preventing

* Parenteral and aerosol administration of antihistaminic agents in the treatment of severe bronchial asthma. New England J. Med. 241:853-859, 1949.

attacks precipitated by exposure to cold air.

For prolonged effect, 25 to 50 mg. of pyribenzamine or benadryl is given rectally.

Drowsiness and dizziness are the most common side reactions from parenteral antihistamines. The symptoms disappear within one or two hours. The drowsiness is often desirable in exhausted patients. Sputum becomes tenacious, but may be liquefied by expectorants.

Parenteral benadryl or pyribenzamine therapy should be considered only as an adjunct to other therapeutic measures, including epinephrine, bronchodilating aerosols, aminophylline, and oxygen.

The poorest results with the antihistamines occur in elderly patients with irreversible cardiac and pulmonary disease. Obstruction of the bronchial tree with inspissated mucus also interferes with the antihistamine action.

Triple Heart Rhythm with Cardiac Infarct

WILLIAM EVANS, M.D., LONDON*

MYOCARDIAL infarct causing only slight chest pain on effort and producing no symptoms of shock may be recognized by triple heart rhythm.

At times the third heart sound is very faint and heard only at the lower end of the sternum with the patient recumbent. When more distinct, the extra beat is audible toward the mitral area as well, and during upright position. The third sound is reinforced by induced tachycardia. If only 2 sounds are noted at the first examination, auscultation should be done after exercise.

Williams Evans, M.D., of London Hospital, England, observed ambulant subjects with recurrent pain that was brought on by effort, especially walking, and quickly relieved by rest, or briefly felt during repose. Triple rhythm was noted in 41, or 28%, of 146 cases with cardiac infarction later proved by electrocardiograms.

The extra sound is most likely to occur when infarction is associated with cardiac enlargement and heart failure.

Triple rhythm is simulated by the following conditions, both of which require electrocardiograms for diagnosis:

1] When auriculoventricular conduction is delayed, a fourth heart sound falls early in diastole, near the second heart sound. However, the delayed sound is more generally distributed over the heart and always present in uright position.

2] The second heart sound may be split by bundle-branch block, but the interval between is very short.

* Triple heart rhythm as a sign of cardiac pain. Lancet 257:737-739, 1949.

Management of Acute Renal Insufficiency

GUY W. DAUGHERTY, M.D., AND HOWARD M. ODEL, M.D.*
Mayo Clinic, Rochester, Minn.

SUPERFICIALLY the function of the kidney is to form urine, but fundamentally the kidney determines the composition of the blood. When renal function suddenly ceases, the blood must be maintained in as normal a state as possible until urine formation returns.

Relying strongly on the self-reparative capacity of the kidney, and presupposing a self-limited reversible lesion, Guy W. Daugherty, M.D., and Howard M. Odel, M.D., recommend conservative treatment of such a crisis.

Many conditions may result in acute renal insufficiency (see table). Usually a sudden onset of oliguria or anuria is followed, after a variable period, by azotemia. Symptoms of uremia, frequently late in appearing, should be differentiated from evidence of injudicious hyperhydration, such as mental confusion and irritability.

Return of urinary excretion may be delayed ten days longer, but once diuresis occurs, dramatic improvement in the patient's status is noticed.

In the initial phases of acute renal insufficiency, the primary objective is to restore normal blood volume and protein content. This is achieved by infusions of whole blood, plasma, or physiologic saline, as necessary.

Measures designed to promote the formation of urine may be instituted. Attempts at vasodilatation by application of heat to the flank regions or intravenous injection of aminophylline may be of value. Histamine diphosphate has, on rare occasions, brought restoration of kidney function. Beneficial results have been noted in a number of cases from ethyl alcohol in 5% solution.

The usual diuretic agents are inadvisable. Mercurials will increase the damage, and diuretic salts are useful only for restoring electrolyte balance. Salts of sodium, potassium, and magnesium introduce toxic ions which cannot be excreted.

SOME CONDITIONS COMPLICATED BY ACUTE RENAL INSUFFICIENCY

Prolonged shock	Extrarenal obstructive lesions of genitourinary tract	Urologic procedures
Congestive heart failure	Dehydration and loss of inorganic base—extrarenal uremia	Postoperative suppression of urine
Acute pyelonephritis	Acute glomerulonephritis	Septic abortion
Overdosage of and sensitivity to sulfonamides	Toxemia of pregnancy	Blackwater fever
Intravascular hemolysis	Intoxication by noxious chemical agents	Cholera
Poisoning by heavy metals		Yellow fever
Severe burns		Weil's disease
Crush injury syndrome		Hepatic failure
		Heat stroke

* Acute renal insufficiency: conservative management. Proc. Staff Meet., Mayo Clin. 24:557-561, 1949.

During the late stage of acute renal insufficiency, primary considerations are nutrition, fluid balance, and electrolyte balance. Amounts of ingested protein should not overburden the kidney, but the eight essential amino acids should be supplied. Restricted amounts of high-quality protein such as supplied by rice are theoretically best in these cases.

Fluid balance is maintained by replacing the total daily water loss. Calculation of the amount should consider environmental and body temperatures, evaporation from skin and respiratory tract, and the water lost in stool, urine, perspiration, and vomitus. Complete hydration is the desired objective but not if edema develops.

Values for serum sodium, plasma chloride, and carbon-dioxide power may vary widely. If the electrolyte pattern is essentially normal, a 5% solution of dextrose may be the only parenteral fluid necessary. In other cases, isotonic solutions of sodium chloride in 5% dextrose, 5% sodium bicarbonate, and 0.8% ammonium chloride are used.

During the period of diuresis, loss of urinary sodium chloride may be very large and require special attention.

Percussion to Detect Enlarged Spleen

BERNARD STOLL, M.D.*

THE adult spleen cannot be felt until it is 3 times normal size. However, nonpalpable spleen enlargement can be demonstrated by percussion, asserts Bernard Stoll, M.D., of the Jewish Hospital, Brooklyn. The most distinctive change is upward extension of dullness on the chest wall.

During examination of the chest the patient should be supine and breathing quietly. Percussion is done with medium intensity, from above downward.

More than 1,000 persons with malaria were observed during military service in New Guinea, and the effects of acute exacerbations on splenic size were noted by percussion and palpation as follows:

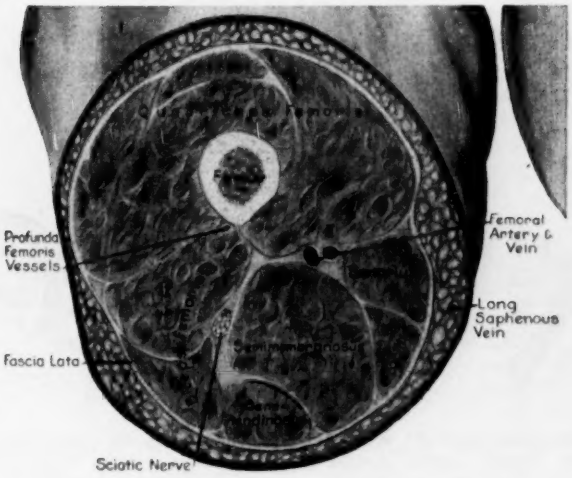
► Splenic dullness naturally includes an area from the ninth to the eleventh rib in the midaxillary line. Decrease in pulmonary resonance from the eighth rib or above, down to the costal margin indicates splenomegaly.

► Loss of resonance is often demonstrable a day or two before the spleen is felt. During the palpable stage, dullness almost invariably extends upward, sometimes to the sixth intercostal space. The upper level of dullness is about the same when the lower edge is barely felt as when the organ extends definitely below the rib.

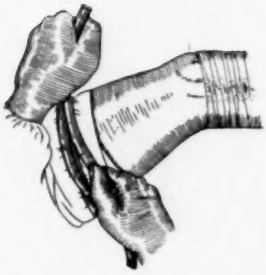
* Percussion of the spleen. Am. J. Trop. Med. 29:691-694, 1949.

Leg Amputation Above the Knee

F. M. Al Akl, M.D.
Kings County Hospital, New York



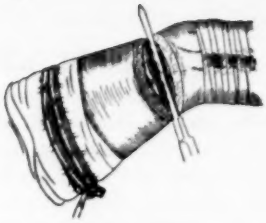
KEEP THIS PICTURE IN MIND



1. Prepare skin from groin to midleg; drape and elevate extremity. Wrap upper thigh with folded towel; apply tourniquet to proximal third of thigh.

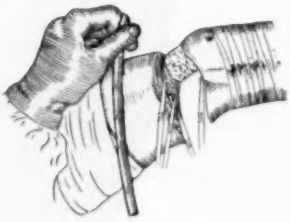
2. Measure two fingerbreadths from upper border of patella; make semicircular incision into skin and fat with amputation knife.

3. Continue incision posteriorly from inner to outer angle of anterior wound, completing circle.

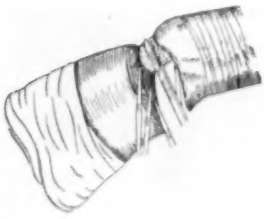


4. Transect fascia lata at skin level; continue through muscle down to femur.

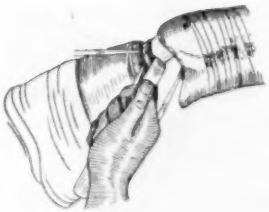
5. Clamp both ends of severed femoral vessels. Apply double suture ligature to perivascular connective tissue; tie vessels and cut ligatures.



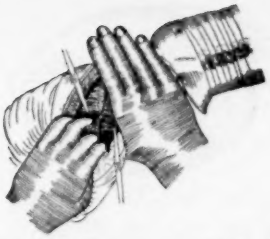
6. Clamp the remaining exposed vessels, release tourniquet, and clamp other bleeders.



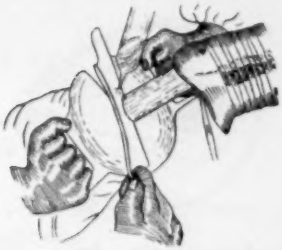
7. Make circular incision into periosteum.



8. Reflect periosteum proximally with periosteal elevator, then with wet sponge. Scissor adductor muscle insertion from posteromedial aspect of femoral shaft.



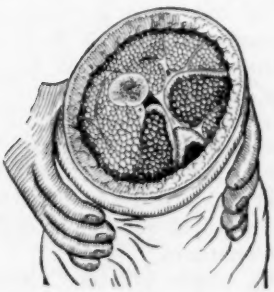
9. Continue reflection of periosteum proximally to a distance of four fingerbreadths. Tie all bleeders.



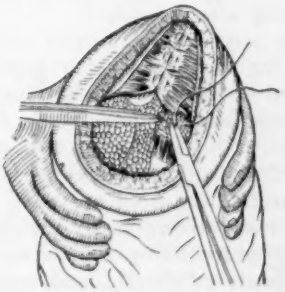
10. Apply wet towel to proximal cut surface, cover and retract with amputation shield. Saw femoral shaft across, four fingerbreadths from initial incision.

11. Remove retractor and towel. Clip protuding bone spurs. If sciatic nerve is exposed, clamp, lift, and cut flush.

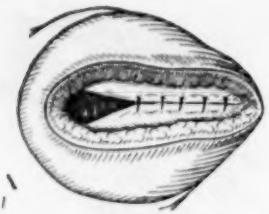
12. Inspect stump for further bleeding and clamp. If bone medulla is oozing, curette and pack with oxidized cellulose.



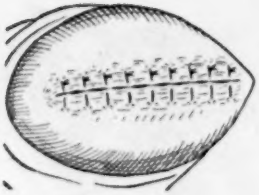
13. Wash gloves, cover field with fresh sheet, apply dry towel around thigh, then have assistant support fleshy stump with both hands.



14. Pull out retracted hamstring muscles and suture the dorsal group to ventral group over bone with mattress sutures.



15. Approximate fascia lata transversely with interrupted sutures.



16. Close skin with vertical mattress sutures.

NOTES

This simple supracondylar amputation is well suited to gangrene of the aged. The technic is easily executed, requires little time, and gives satisfactory results.

The thigh should be thoroughly scrubbed with soap and brush on the operating table after the anesthesia.

Objection to the use of a tourniquet is sometimes expressed, yet the tourniquet primarily prevents initial oozing and can hardly add injury to the severely atheromatous major vessels. Another tourniquet below the knee is helpful to prevent reflux bleeding after section.

The sciatic nerve usually retracts into the wound, so that injecting alcohol or freeing and burying the nerve in muscle tissue seem unnecessary. When exposed, the nerve should be cut short and permitted to retract away from operative scar.

Opinion differs as to the advisability of reflecting the periosteum proximally or distally, and concerning the role of periosteum in spur formation. If a spur is ossified hematoma, stripping the periosteum proximally with the rest of the fleshy stump seems preferable to stripping the periosteum bare and then reflecting it distally, because the latter procedure entails more bleeding. If depriving the bone of periosteal covering and thereby cutting the blood supply of the bone contribute to the production of ring sequestrum in case of infection, the bone end should be covered with periosteum.

The side of the table on which the operator stands depends on whether he is right- or left-handed, not upon the limb to be amputated. The right-handed operator stands on the right side, and vice versa. When operating on the opposite leg, the end of the table is broken, and the unaffected knee is flexed. This permits the operator to get closer to the operative field.

Muscles of the dorsal group have a tendency to retract after severance. In this case, the collapsed sheaths should be opened and the retracted muscles pulled out and incorporated into the stump.

With ample collateral circulation at this level, careful cleansing, proper hemostasis, and prophylactic antibiotic administration, the stump need not be left open and drainage after closure is unnecessary.

An Artificial Heart and Lung

J. JONGBLOED, M.D.*
University of Utrecht, The Netherlands

An extremely effective temporary substitute for the heart and lungs is now available.

The machine allows complete emptying of the heart and pulmonary vascular tree and supplies oxygenated blood to all organs including the myocardium.

The device, capable of supplying about 4 liters of adequately oxygenated blood per minute, may relieve heart and lungs of work for several hours, possibly for days.

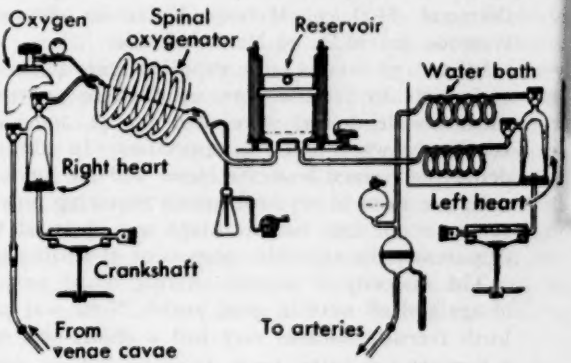
The apparatus has yet to be used in human beings, but J. Jongbloed, M.D., reports that dogs have been kept alive for several hours at a time by the artificial heart-lung. Later, the organic hearts, lungs, and other viscera of these animals function normally. No significant changes in the electrocardiograms are noted while the heart chambers are empty of blood.

An important clinical use of the artificial heart-lung will be found in cardiac surgery. Since the apparatus may be used continuously for several hours, patients with certain medical diseases may also be aided, for example, patients with diphtheritic myocarditis or with an overwhelming diffuse pneumonia.

Blood is removed from the body through two catheters. One catheter enters a jugular vein and is threaded down the superior vena cava close to the heart. The second catheter enters a femoral vein and is advanced up the inferior vena cava to a point near the right atrium.

The work of the right heart is performed by six pumps mounted on a single crankshaft (see figure). The pumps work individually in continuous series, insuring a steady suction of blood from the body. By regulation of stroke volume and stroke rate all blood is aspirated from the venae cavae before entering the heart. A small amount of blood reaches the heart from the coronary veins.

Blood is forced from each right heart pump into a plastic spiral



* The mechanical heart-lung system. Surg., Gynec. & Obst. 89: 684-691, 1949.

tube. The spiral rotates around the long axis of a coil. Oxygen, with 5% carbon dioxide added, steadily streams through the spiral tubes in intimate contact with the blood. Venous blood is thus oxygenated.

Foaming and hemolysis are avoided with this simple method of oxygenation. Excess oxygen is sucked away from the surface of the blood at the end of each spiral.

The oxygenated arterial blood enters a glass reservoir. Six left heart pumps suck blood from this reservoir. The crankshaft to the left heart pumps is so devised that three pumps act simultaneously, giving a pulsatile ejection of blood. The left heart pumps are immersed in a constant-temperature water bath. Thus the blood reentering the body is at body temperature.

Appropriate side valves are placed along the tubes carrying blood away from the left heart pumps. These allow measurement of the blood pressure in the arterial side of the apparatus as well as filtering the blood if desired.

Blood reenters the body through two T-tube cannulas placed in the femoral arteries. By this means retrograde flow of blood up the aorta as well as into the legs is facilitated. Pressure in the aorta due to the infused blood keeps the aortic valve closed. Heart chambers remain empty; coronary arteries receive blood.

Female Donors for Exchange Transfusion

FRED H. ALLEN, JR., M.D., LOUIS K. DIAMOND, M.D., AND JOSEPH B. WATROUS, JR., M.D.*

YOUNG women have an unidentified blood factor highly beneficial to babies with erythroblastosis fetalis. Mortality of such infants after exchange transfusion of female blood is much lower than after male blood is given, find Fred H. Allen, Jr., M.D., and Louis K. Diamond, M.D., of Harvard University, Boston, and Joseph B. Watrous, Jr., M.D., of New York City.

When 137 infants were supplied with at least 150 cc. of blood exclusively by male donors, 27 died, or approximately 20%, but when female donors were used for 42, none died. Incidence of kernicterus was 8 and 7%, respectively. In addition, 13 babies were deliberately given women's blood and all survived.

In 200 cases of erythroblastosis requiring only small transfusions of 100 cc. or less, no advantage was observed with female blood. Apparently the valuable component of small amounts was diluted.

The majority of women offering blood were under forty years of age and all were in good health. None was pregnant, had given birth recently, or had ever had a child with erythroblastosis.

* Erythroblastosis fetalis: female donors for exchange transfusion. New England J. Med. 241:799-806, 1949.

Sensory Denervation of the Arthritic Hip

BENJAMIN E. OBLETZ, M.D., L. MAXWELL LOCKIE, M.D., ELMER MILCH, M.D., AND IRVING HYMAN, M.D.*
University of Buffalo

PAIN from chronic arthritis of the hip may be considerably alleviated by partial denervation.

Whatever the type of arthritis, obturator and posterior sensory nerves are most commonly involved. Pain is felt deep in the groin, along the inner surface of the thigh, occasionally in the knee alone, and often in the buttock behind the hip joint.

The most successful operation, find Benjamin E. Obletz, M.D., L. Maxwell Lockie, M.D., Elmer Milch, M.D., and Irving Hyman, M.D., consists of intrapelvic obturator neurotomy and section of the nerve to the quadratus femoris in one stage. Either operation may be done alone, however.

Extrapelvic obturator neurotomy is least effective, owing to variation in the sensory nerves.

Denervation was beneficial in 28 of 42 cases, including osteoid and rheumatoid arthritis, Marie-Strümpell disease, and aseptic necrosis, both traumatic and idiopathic.

Obturator neurotomy—For the intrapelvic approach the technic of Chandler and Sadler is used with little change. (Fig. 1). Trendelenburg position should be used and the rectus muscles fully relaxed with curare. A Pfannenstiel incision is made in the pubic fold, the length depending on whether one or both nerves will be cut.

The rectus sheath is split transversely, and the distal portion of the muscle is separated from the anterior sheath by compress dissection. The lateral border of the rectus is exposed, and the bladder and peritoneum are reflected posteriorly and medially.

The dissecting finger is swept over the obturator foramen and along the lateral wall of the lesser pelvis until the obturator nerve is palpated. The nerve is gently separated from surrounding structures with an aneurysm hook and identified by pinching with a clamp, to contract adductors. At least an inch of the nerve is excised between ligatures, and the wound is closed in layers.

With the extrapelvic approach, a vertical incision 5 in. long is made in the upper portion of the thigh, halfway between the femoral artery and symphysis pubis (Fig. 2*b*). Adductor longus and pectineus muscles are separated and retracted to expose the anterior branch of the obturator, and the nerve is traced back to the obturator foramen. Anterior and posterior branches are sectioned as close to the foramen as possible, and an inch of the nerve trunk is removed.

* Early effects of partial sensory denervation of the hip for relief of pain in chronic arthritis. J. Bone & Joint Surg. 31-A:805-814, 1949.

INTRAPELVIC OBTURATOR NEUROTOMY

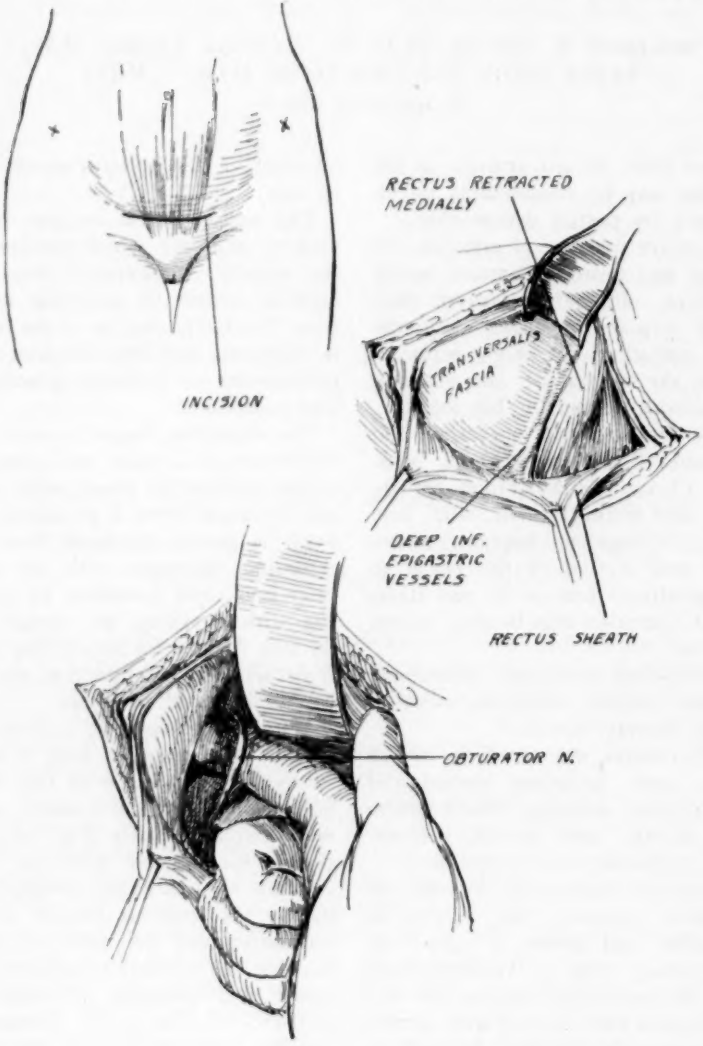


Figure 1

POSTERIOR SENSORY NERVE

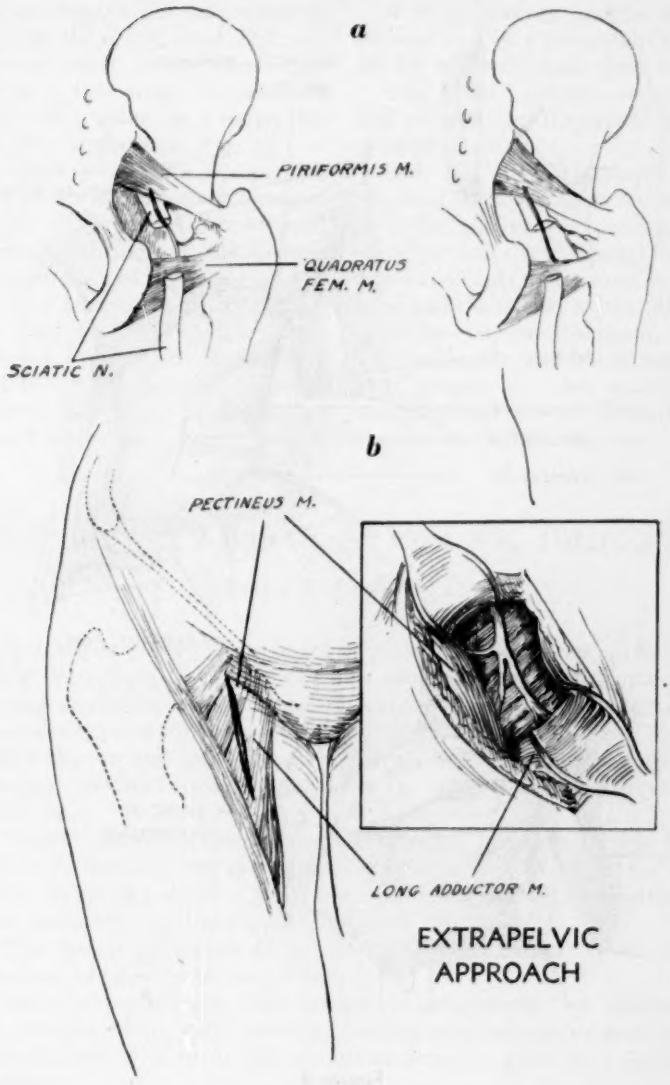


Figure 2

TECHNIC OF POSTERIOR DENERVATION

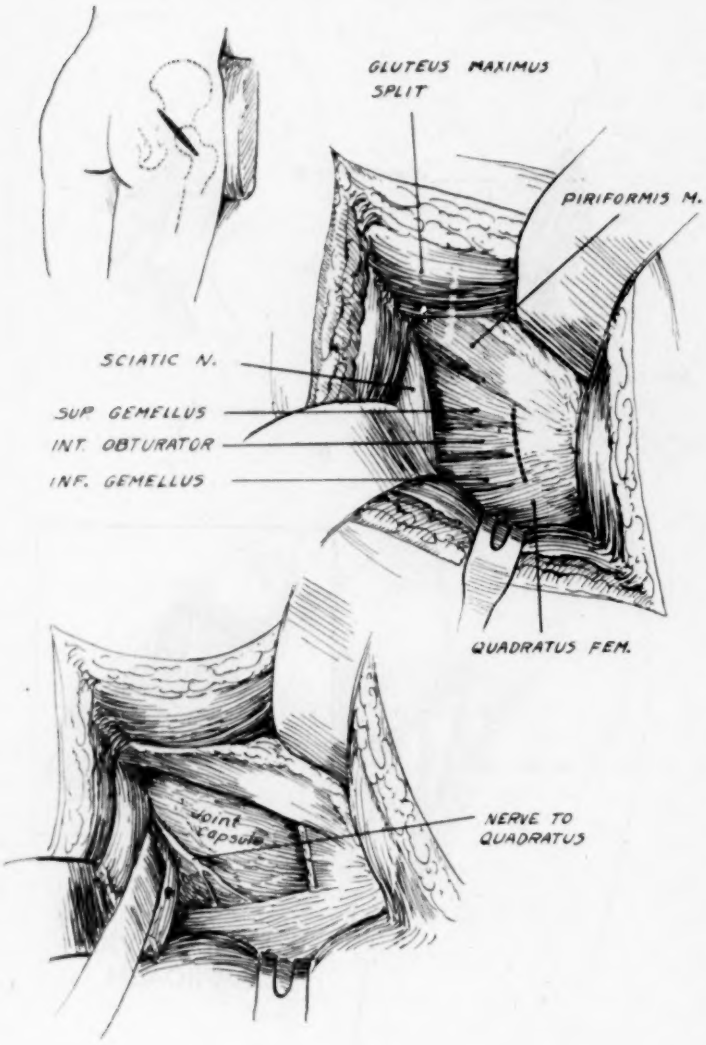


Figure 3

Posterior denervation—The posterior sensory nerve to the hip joint usually arises from the nerve to the quadratus femoris but may come directly from the sciatic trunk (Fig. 2*a*). Incision is made in the distal two-thirds of a line from the posterior superior iliac spine to a point between the trochanters (Fig. 3).

The gluteus maximus is separated bluntly in the long axis and retracted from the sciatic nerve. The gemelli and obturator internus are divided near insertions and reflected over the nerve as a protection.

The cordlike nerve to the quadratus femoris is palpated under dense fibrous fascia and exposed by sharp dissection. The nerve is divided at the quadratus muscle border, traced back to the piriformis or to the sciatic nerve, and severed as high as possible.

A sciatic sensory branch, which is present in 1 of 5 cases, must be looked for and sectioned when found.

The rotator muscles are replaced and sutured, and the wound is closed without drains.

Only simple postoperative care is required. Complications are unlikely, and the patient is discharged in eight or ten days. Though not entirely abolished, pain is not severe. In most cases radiation to the thigh and adductor tension disappear, abduction is possible, and stance improved. Hip flexion may be weakened or sensation dulled over the medial surface of the thigh.

Differential Diagnosis of Prostatic Infarction

RUSSELL B. ROTH, M.D.*

WHEN an infarcted area in the prostate heals, squamous epithelial metaplasia frequently develops about the periphery, giving a strong impression of carcinoma. A mistaken diagnosis of malignant tumor may cause the patient to be subjected to needless therapy. Hormone therapy and castration do not always deserve credit for lengthy survival, declares Russell B. Roth, M.D., of St. Vincent's Hospital, Erie, Pa.*

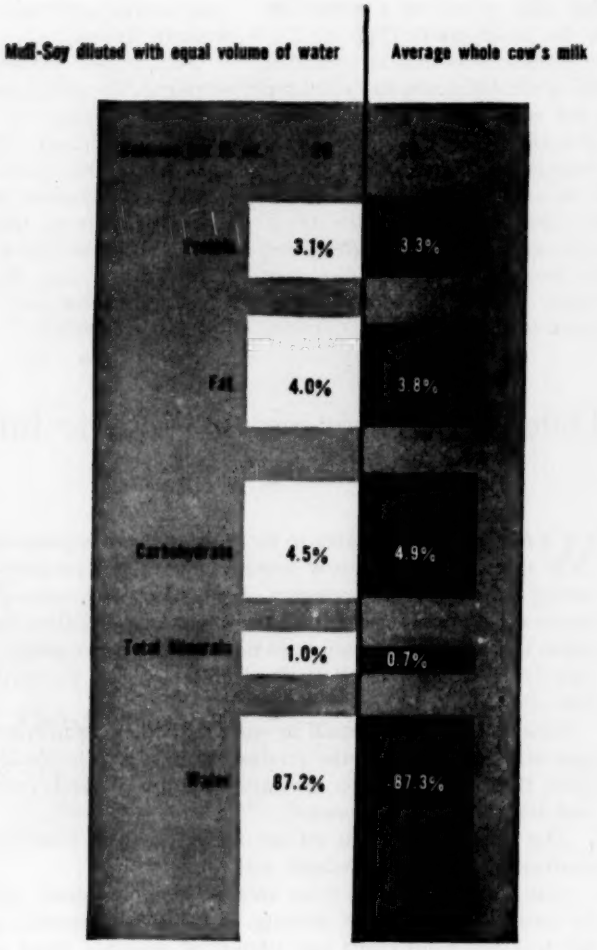
Massive infarction should be suspected when urinary retention begins very suddenly and the retained fluid is grossly bloody or full of clots. By rectal palpation the infarcted prostate feels large, nodular, and tense but not indurated.

The cystoscope reveals diffuse oozing of blood from the overlying mucosa, which may be tinged with blue.

Acini surrounding a fresh infarct are compressed and distorted by swollen tissue. After healing, nothing may remain to show infarction but solid cords and islands of atrophic gland in a fibrous stroma.

* Prostatic infarction. J. Urol. 62:474-479, 1949.

not just milk replacement



but casein replacement . . .

Casein—and also lactalbumin—are frequently the cause of hypersensitiveness to cow's milk. This hypersensitiveness can be manifested by gastrointestinal upsets followed in time by eczema of a mild or acute nature. In such cases cow's milk of all types must be eliminated from the diet. Mull-Soy is a near equivalent for milk to be used in these cases.

A scientifically sound formula for avoidance of casein allergy

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Expectant Treatment of Enlarged Prostate

T. L. CHAPMAN, Ch.M.*
Victoria Infirmary, Glasgow, Scotland

BENIGN prostatic hypertrophy becomes a disease only when the urinary flow is obstructed. Size of the prostate gland rarely increases much after the age of sixty years, and periodic symptoms are usually due to congestion.

When enlargement causes little residual urine, acute retention has not occurred, and micturition is not difficult, operation should be delayed. Conditions likely to produce vascular engorgement are scrupulously avoided, however.

T. L. Chapman, Ch.M., advises expectant treatment in about 20% of all office and hospital cases of benign enlargement of the prostate. Surgery was withheld in 114 cases fulfilling the criteria cited, and in 15 because of risk or the patient's desire to avoid operation. Obstruction failed to increase in 112 instances and progressed in only 1 man over sixty years of age.

Observation continued one and a half to nearly ten years. Prostatectomy was finally done in 12 cases for obstruction, and in 1 for severe hemorrhage. Other surgeons operated in 4 instances. Although 18 deaths occurred, all were due to heart failure, malignant tumor, or other factors unrelated to the prostatic condition.

Overgrowth of the prostate is apparently an involutional process active chiefly in the fifth and sixth decades. Sudden manifestations are due to changes in vascularity. If obstruction is severe, congestion will be maintained by efforts to empty the bladder.

Symptoms resulting from slight congestion or from irritation alone may disappear for long intervals and become no worse on recurrence. Many individuals under the age of sixty have a nonprogressive condition. Medical help is generally sought because of frequent or hesitant micturition or hematuria.

To prevent dysuria, chilling and alcoholic excess are avoided. The bladder must be emptied as soon as possible after the first impulse. Any change of urinary symptoms or evidence of failing health should be reported to the physician.

Difficult micturition, volume of residual urine, and age are important considerations in selection of cases for surgery. Actual size of the prostate, trabeculation of the bladder, urinary frequency, and hematuria are not significant.

Urinary obstruction is caused by the shape of an enlarged prostate rather than size. All degrees of hypertrophy are noted among cases unsuitable for operation. With the largest glands, symptoms may be slight and the volume of residual urine 1 oz. or less.

* Expectant treatment of benign prostatic enlargement. Lancet 257:684-688, 1949.

Pronounced hypertrophy of the bladder with prominent muscle strands may not be associated with obstruction. Trabeculation may thus be strongly marked without difficult urination, although by the time walls become sacculated urine is generally retained.

Frequent micturition results from several causes other than bladder neck occlusion and residual urinary pool. The mucosa may be irritated by local congestion or a pedunculated middle prostatic lobe. Occasionally the bladder neck is dilated, allowing urine to pass into the sensitive prostatic urethra, or bladder capacity is reduced by hypertrophic detrusor muscles. Few cases among the expectantly treated group with extreme frequency become obstructive.

Improved Camera for Surgical Photography

E. Converse Peirce II, M.D.,
and Alexander H. Bill, Jr., M.D.*

The camera employed in photographing operations has been improved in two respects by E. Converse Peirce II, M.D., and Alexander H. Bill, Jr., M.D., of Harvard University, Boston.

A sterile light bulb with attachments, including a mercury foot switch, allows rapid exposure for thoracic and other procedures involving motion. Extension tubes in cameras with replaceable lenses vary the size of the photographic field.

With the aseptic technic of Ingraham and Cobb, the camera is enclosed by a sterile cloth bag fastened to an autoclaved metal frame and glass window.

A mushroom flood bulb may be attached to the camera frame by a removable bracket with 2 wing screws. An ordinary rubber-covered light socket is waterproofed by a tight rubber gasket that surrounds the screw end of the bulb. Before use the bulb, socket, and bracket are immersed in a 1:1,000 solution of Zephiran hydrochloride.

A 35-mm. camera with 50-mm. focal length lens and a 3-diopter portrait attachment has a field about 6 by 8 in. If the lens is separated from the camera by extension tubes of different lengths, field sizes may range from 1½ by 2¼ in. to 6 by 9 in.

A camera with adjustable lens is focused by removable rods of graded length in place of a single firmly attached metal bar. If desired, the rods alone may be autoclaved and the camera operated by an assistant.

* A compact camera and light source for photography under sterile conditions. Ann. Surg. 130:1104-1108, 1949.

Prevention of Pain after Hemorrhoidectomy

ERNEST D. BLOOMENTHAL, M.D., AND RICHARD M. BENDIX, M.D.*
Northwestern University and Michael Reese Hospital, Chicago

RELAXATION of the anus during and for some days after hemorrhoidectomy practically eliminates postoperative pain, infection, and recurrence.

At operation, Ernest D. Bloomenthal, M.D., and Richard M. Bendix, M.D., inject nupercaine in oil directly into the external anal sphincter. Relaxation lasts for about eleven days. The anus is dilated digitally before the patient leaves the hospital and once a week until healed.

Hemorrhoidal tissue is completely removed and excellent drainage provided by open technic.

After trans-sacral caudal anesthesia, the patient is placed in prone position, and the middle of the table is moderately elevated. Buttocks are retracted by wide adhesive tape fastened to the table (Fig. *a*).

Operation is planned to remove all masses through radial incisions separated by bridges of mucosa and skin.

The most inward aspect of the hemorrhoidal mass is grasped with a curved hemostat. A catgut guide suture is placed at this point and tied, leaving long ends (Fig. *b*). A V-shaped skin incision is made to excise the external hemorrhoid (Fig. *c*). Incision is continued to the mucocutaneous juncture, and the external anal sphincter is freed from the hemorrhoidal mass (Fig. *d*).

Lines of incision are extended inward to the guide suture, and the internal hemorrhoid is freed to within ¼ in. of the site. The hemorrhoidal mass is ligated at the base with the long ends of the suture and excised above the ligature. Lateral mucosal borders of the radial incision are raised, and any remaining venous tissue is removed.

The external anal sphincter is gently elevated with a blunt clamp, and 1 cc. of nupercaine in oil is injected into the sphincter at each site (Fig. *e*). The bridge between incisions should be at least ¼ in. wide. Gaps are left to epithelize, and bleeding vessels are tied with catgut (Fig. *f*).

An inverted cone of gauze is placed in the intergluteal fold, and the buttocks are firmly apposed by adhesive strapping (Fig. *g*).

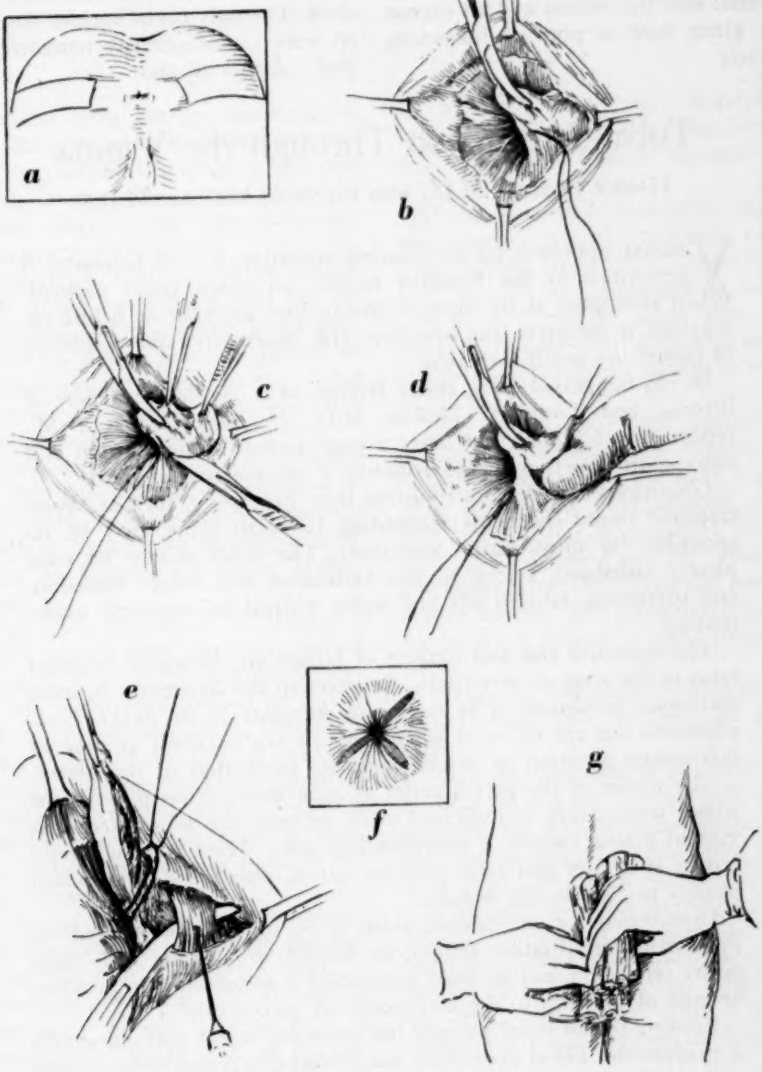
The hospital stay is usually four days. Although painful spasm is absent, stinging discomfort may be felt. Barbiturates are given for sleep, and in rare cases an opiate is administered every four hours for the first day. Full diet may be given immediately.

On the second day, dressings are removed and hot wet compresses are applied every two hours during waking periods. About thirty-six hours after operation a vegetable demulcent or mineral oil is given to produce a soft bulky stool.

By the second or third day the patient is up and takes a hot sitz

* Hemorrhoidectomy: a method for the elimination of postoperative pain due to sphincter spasm. Illinois M. J. 96:311-314, 1949.

REMOVAL OF HEMORRHOIDS BY OPEN TECHNIC



bath three or four times daily. If a bowel movement has not occurred by the fourth day, 4 oz. of oil is injected into the rectum and an enema is given with a pint of lukewarm water.

In each of 106 consecutive cases in military and civilian practice, internal and external hemorrhoids were excised. The only complications observed were 1 postoperative hemorrhage and 1 fistula in ano.

Tubal Sterilization Through the Vagina

HARRY BOYSEN, M.D., AND LOUIS A. MCRAE, M.D.*

VAGINAL approach for sterilization operation is most successful if performed by the Pomeroy technic on nonpregnant patients. When attempted at the time of therapeutic abortion or before involution is complete, the operative risk, morbidity, and possibility of failure are much increased.

In 169 nongravid cases, Harry Boysen, M.D., of the University of Illinois, and Louis A. McRae, M.D., of Albuquerque, N. M., report only 1 failure, but, after a combination of sterilization and therapeutic abortion for 30 patients, 5 conceptions occurred.

Conditions and changes resulting from pregnancy, such as hypertrophied round ligaments resembling fallopian tubes, may be responsible for unsuccessful operations. The tubes should be completely visualized, traced to the fimbriated end before resection, and specimens, labeled left and right, verified by histologic examination.

The operative risk and chances of failure are decreased in direct ratio to the stage of involution. Contrary to the statements in most textbooks, involution is by no means complete in six weeks. Complications are apt to occur when patients are sterilized at time of therapeutic abortion or before complete involution of the uterus.

The tissues of the pelvic outlet of most multiparous patients for whom sterilization is indicated after delivery are so relaxed that vaginal plastic surgery is generally necessary. These women should return at a later and safer date for plastic repair and sterilization usually in four to six months.

Laparotomy for sterilization alone is an unjustifiable procedure. Postpartum sterilization should be limited to patients with little outlet relaxation and to those presenting a socioeconomic problem because of inability to use contraceptives successfully.

Routine test of tubal patency ten to twelve weeks postoperatively is inadvisable. Tubal epithelium has remarkable regenerative powers and instillation of dye or air may help reestablish patency.

* Tubal sterilization through the vagina. Am. J. Obst. & Gynec. 58:488-494. 1949.

Transverse Fetal Presentation in Late Pregnancy

CHARLES S. STEVENSON, M.D.*
Detroit

IF the fetus lies in transverse or oblique position during the last ten weeks of pregnancy, the placenta is probably at the upper or lower uterine pole. The exact site should be determined.

Charles S. Stevenson, M.D., makes soft tissue roentgenograms of the placenta, and cystograms when indicated to detect placenta previa or fundal implantation. In the latter position, the cord will be taut if a loop ensnares the child's neck.

Also shown are uterine or extrauterine pelvic tumor, hydramnios, fetal death in utero, gross anomalies such as hydrocephalus, uterus arcuatus or bicornis, or other malformation.

If trunk position is unchanged a week or two later, external cephalic version is generally performed and, if not maintained, should be repeated at subsequent visit. Version is not attempted in case of placenta previa or other condition requiring cesarean section or with hydramnios, uterine bleeding, fetal death in utero, or discovery of crosswise position during advanced labor.

At the Boston Lying-in Hospital, 52 instances of transverse position were noted in the last few weeks of gestation. Placentas lay at one or the other uterine pole in 92% of cases, slightly more often in the fundal region. Placenta previa was present in 27%. In a larger reported series with typical distribution, only 16% of placentas were at the uterine poles.

All mothers with late fetal cross position and 79% of the babies survived. Owing to external version in 40% of cases and spontaneous version in 27%, hardly more than a third of infants were still crosswise at the time of cesarean section or onset of labor.

Thus delivery was done vaginally in nearly two-thirds of instances. Fundal placenta with the baby born head down and cord around the neck proved fatal in 2 cases; 1 child died before delivery and the other a few hours later. Only once did membranes rupture and labor start with the fetus still locked in trunk presentation.

Transverse position at or near term occurs about once or twice in 200 cases.

When the placenta is attached, as is usual, to the uterine midwall, the amniotic sac has the same shape as the uterus, and the fetus must lie with head or breech down.

With the placenta at upper or lower pole, however, the amniotic sac becomes nearly round. Since the uterine cavity is about 32 cm. long, 24 cm. wide, and 22 cm. deep, a placenta 6 cm. thick decreases the length to 26 cm.

* Transverse or oblique presentation of the fetus in the last ten weeks of pregnancy: its causes, general nature, and treatment. Am. J. Obst. & Gynec. 58:432-446. 1949.

The rear wall of the uterus is dented by the mother's spine and the front wall somewhat flattened by the abdomen, but the lateral walls offer room. The fetus assumes a horizontal or oblique position, therefore, as one end is dislodged by the placenta to the side and the other end floats away from its berth and rests opposite the displaced part.

Other possible factors in malposition include a contracted pelvis, hydramnios, fetal death, relaxed abdominal wall, ventral hernia, myoma, extrauterine tumor, and slightly bicornate uterus.

Horizontal displacement is not likely with a fundal placenta unless the mother is a multipara. With a multipara, the abdominal and uterine walls are more relaxed than with a primipara, and the lower uterine segment is shallower and farther above the pelvic outlet. Central placenta previa alone often causes transverse position regardless of the number of previous births.

The fetus is particularly mobile when the placenta is on the anterior uterine wall or in the fundus. With the latter site, spontanous version to cephalic presentation is nearly 3 times as common as with lower segment implantation.

PRE-ECLAMPTIC TOXEMIA resembles histamine shock in several respects and may be relieved by antihistamine drugs. At the prenatal clinic of the Newark City Hospital, Newark, N. J., salt and fluids are restricted when blood pressure rises or albumin appears in the urine. If the condition does not improve, David B. Hoffman, M.D., also prescribes pyribenzamine in oral doses of 50 mg. three times a day. Of 40 women treated for intractable albuminuria, hypertension, or both, only 7 failed to benefit.

Am. J. Obst. & Gynec. 58:385-391, 1949.

POSTOPERATIVE URINARY RETENTION may be prevented in many gynecologic cases by routine use of Furmethide. Morris A. Goldberger, M.D., Robert Landesman, M.D., and Jacob B. Burke, M.D., of Mount Sinai Hospital, New York City, report that normal micturition was initiated in 98 of 100 patients after gynecologic surgery by oral administration of the drug. Prophylaxis is begun as soon as fluids are tolerated, usually four or five hours after operation. Routinely 10 mg. is given three times a day. If oral use is impossible, 2.5 to 3 mg. may be given subcutaneously every eight hours. The drug should not be employed if obstruction of the urethra or neck of the bladder or severe urinary infection is present. No serious toxic effects from administration of Furmethide have been observed. The chemical name of the drug is furfuryl trimethyl ammonium iodide.

Am. J. Obst. & Gynec. 58:376-384, 1949.

Manifestations of Ocular Allergy

ALAN C. WOODS, M.D.*
Johns Hopkins University, Baltimore

BOTH the external eye and the uveal region may react to airborne or bacterial allergens and to ocular tissue protein. Since actual contact of the sensitized conjunctiva with the specific allergen is necessary for reaction, foods are not responsible for ocular allergies, says Alan C. Woods, M.D.

ALLERGIC REACTIONS

Anaphylactic and pollen reactions are caused by proteins or by nonprotein material, such as a drug or metal, combined with protein of the host and acting as a foreign irritant. An urticarial wheal, contraction of smooth muscle, and increased capillary permeability are the immediate cellular responses.

Bacterial hypersensitivity is produced only by contact of tissue with living or dead bacteria or viruses. But once created, sensitivity may be evoked by soluble bacterial proteins. The reaction begins in twenty-four to forty-eight hours.

Conjunctiva—Sudden glassy edema of the palpebral and bulbar conjunctiva with profuse lacrimation results from pollen and other air-borne allergens. The classic example is conjunctivitis with hay fever or asthma.

Eczema of the eyelids with hard, dry edema, reddening of the margins, and lacrimation is commonly due to atropine, butyn, or other alkaloid drug combined with body protein.

Dry, itching conjunctivitis, chronic or recurrent, may result from staphylococcic toxin, animal dust, inhalants, epidermals, and other factors. The palpebral conjunctiva is often congested, with patchy folliculosis or marginal blepharitis.

Vernal catarrh is frequently associated with a general allergic diathesis and sensitivity to specific factors. Seasonal lacrimation, itching, and congestion occur, and large cobblestone follicles are seen over palpebral and bulbar surfaces, especially in young people.

Cornea—A phlyctenular keratoconjunctivitis is generally related to extreme tuberculin sensitivity and exposure to open tuberculosis, although other allergens may be responsible. Small millet seed nodules surrounded by inflammation develop on the cornea and occasionally on the conjunctiva at or near the limbus. Grayish ulcers form and soon disappear, leaving little trace, but often return.

Recurrent marginal ulcers in a hyperemic crescent around the limbus, particularly in elderly persons, are probably due to bacterial hypersensitivity. Outbreaks may follow catarrhal conjunctivitis and frequently accompany low-grade focal infection of sinuses, tonsils, or other remote tissues.

Uveal tract—Released uveal pig-

* The diagnosis and treatment of ocular allergy. Am. J. Ophth. 32:1457-1478, 1949.

ment, lens protein, or living bacteria may cause uveal tract inflammation with or without granulomatosis.

Sympathetic ophthalmia has an allergic phase just before or soon after onset. If small amounts of uveal pigment are then injected into the skin, an epitheloid reaction occurs, with lymphocytic infiltration and phagocytosis. After an injury to the uveal tract or an operation, the skin may react in the same manner.

Endophthalmitis phaco-anaphylactica results from absorption of lens protein by sensitized uveal tissue. The underlying factor is probably low-grade infection from a distant site or of the eye itself.

Nongranulomatous uveitis follows either ocular or systemic infection. The purest form is associated with rheumatoid arthritis or gonorrhea. Tissues sensitized by disease are reactivated by bacteremia or by chance contact with organisms on skin or mucous membrane. Anterior uveitis begins abruptly with ciliary congestion, photophobia, and lacrimation. The iris is blurred and exudate forms. Tissues heal quickly, but repeated attacks may leave serious scars.

Posterior uveitis causes slight blurring of the vitreous and severe subretinal edema.

Granulomatous reactions occur when the uveal tract is entered by organisms of tuberculosis, brucellosis, syphilis, sarcoidosis, toxoplasmosis, or virus disease. Onset is slow and inflammation not severe.

The iris often becomes thick and nodular; posterior synechiae may form and greasy exudate spread over the anterior lens capsule. Posterior uveitis usually produces heavy vitreous opacity, exudate, and subretinal edema. In contrast to the encapsulated lesions, tuberculous involvement indicates high sensitivity, requiring treatment with tuberculin as well as antibiotics.

DIAGNOSIS

When allergy is implied by general reactions and absence of other factors, skin tests should be done with air-borne allergens, organ-specific extracts, or bacterial antigens. Air-borne agents usually consist of spores, pollens, and inhalants such as house dust and animal dander.

Extracts of uveal pigment and lens protein are prepared from eyes of freshly slaughtered cattle.

Sensitivity is determined by injecting the uveal pigment extract intracutaneously. The site of injection is then examined for erythema and induration after thirty minutes and after one, two, twenty-four, and forty-eight hours. About two weeks later, skin containing the injected pigment is removed and examined for cellular reaction.

Lens protein sites are examined one hour after injection and after one and two days.

Allergic inflammation of the external eye is generally caused by staphylococci, at times by streptococci. Nongranulomatous uveitis is often due to streptococci and less often to gonococci; granulomatous lesions result chiefly from tubercle bacilli and *Brucella*.

Tests are given with staphylococcus toxin, vaccines prepared from alpha, beta, and gamma streptococci

or types I and II gonococci, autogenous vaccine from foci of infection, and old tuberculin or purified protein derivative. Chronic brucellosis may be shown by injection of brucellergin, which combines three strains and by other methods of diagnosis.

TREATMENT

Allergy of external eye—The principal forms of therapy are isolation from the allergen and local palliation with washes and collyria, antihistamine drugs, or beta rays. As a rule, desensitization is difficult and attempted only when other treatment fails.

If an air-borne or epidermal factor is identified, a vacation, change of residence, or removal of the irritating substance may give complete relief.

The eye should be cleansed of secretions with a bland wash, warm physiologic saline solution, or 2% boric acid. Dried crusts are removed with a cotton swab moistened with the wash or a saturated solution of sodium bicarbonate. Congestion may be reduced by an astringent containing epinephrine hydrochloride.

Antihistamine drugs are given for conjunctivitis due to hay fever or drug allergy. Edema may be relieved by Pyribenzamine in doses of 50 mg. given orally three times a day. For eczema, Antistine administered locally in a 0.5% solution is efficacious.

Vernal catarrh is frequently abolished by beta rays of radium. Burnam's radon applicator or the radium container described by Iliff may be employed.

For dry irritative conjunctivitis, desensitization with staphylococcus toxin is generally attempted. Tuberculous phlyctenulosis is treated like granulomatous uveitis, by injection of tuberculin.

Allergy of internal eye—Desensitization is done to block the direct cause of disease, as with nongranulomatous uveitis, or merely the allergic factor, as with sympathetic ophthalmia.

Uveal pigment is injected for about three months, lens protein for only three to six weeks.

Specific bacterial antigens include streptococcus, gonococcus, and autogenous vaccines, old tuberculin, and brucellin, among other products. Intravenous or subcutaneous doses are continued in some cases for two years.

ACUTE GONORRHEAL URETHRITIS is usually eliminated by a two-day course of chloramphenicol (chloromycetin). The dose recommended by Calvin H. Chen, M.D., Robert B. Dienst, Ph.D., and Robert B. Greenblatt, M.D., of the University of Georgia, Augusta, is 1 gm. three times a day. Though less potent than aureomycin, the drug is apparently nontoxic and can be synthesized on a commercial scale. Of 10 patients receiving chloramphenicol for only one day, 7 were cured; of 14 who received the drug for two days, 13 were cured.

South. M. J. 42:986-988, 1949.

Use of Curare in Obstetrics

HOWARD KATZMAN, M.D., JOSEPH M. FRIEDMAN, M.D.,
SOLLIE KATZMAN, M.D., AND SAMUEL M. DODEK, M.D.*
Sibley Memorial and Garfield Memorial hospitals, Washington, D.C.

CURARE administered before delivery relaxes perineal muscles so thoroughly that the vaginal opening needs little enlargement. A shallow episiotomy is usually sufficient, and a few weeks later the perineum is firm.

The value of curare for natural and cesarean delivery was assessed by Howard Katzman, M.D., Joseph M. Friedman, M.D., Sollie Katzman, M.D., and Samuel M. Dodek, M.D., in 100 consecutive deliveries; in 49 cases, the patients were primiparas. All mothers were at term between thirty-seven and forty-one weeks; the largest baby weighed 9 lb., 1 oz.; the smallest 5 lb., 10 oz.

Low forceps were employed in 91 instances, 5 of which involved Scanzoni rotation. Cesarean section was used 5 times. In the other cases, deliveries were by midforceps or breech extraction.

Relaxation was usually exceptionally good, and 62 of 90 episiotomies involved only the fascia and skin. At examination six weeks post partum, the perineum was remarkably firm in 86% of cases with vaginal delivery; relaxed muscles, indicating failure of curare action, were noted in 11.5%.

In a subsequent series of 300 cases, the results of drug relaxation were similar.

Curare paralyzes the skeletal muscles by inactivating acetylcholine and blocking nerve impulses. Effects begin with muscles supplied by cervical nerves, continue through muscles of the extremities and abdomen, the intercostal muscles, and finally the diaphragm.

The drug does not pass through the placenta or inhibit uterine activity; actually pituitrin is unnecessary because of good uterine contractility.

The central nervous system is not significantly stimulated or depressed; consciousness and the sensorium are not affected. The circulation is practically unchanged by curare, and the only real danger is respiratory failure from peripheral paralysis of the diaphragm.

During labor, analgesia is provided by oral administration of seconal and intramuscular demerol or rectal doses of sodium pentothal; sometimes both the latter are employed.

Ethylene and oxygen anesthesia is generally given for delivery, with cyclopropane when necessary.

About ten minutes before delivery, while the anesthetized patient is being draped, perineal tone is estimated by palpation, and 3 cc., or 9 mg., of *d*-tubocurarine is injected intravenously. After preparation and bladder catheterization, muscle tension is again evaluated.

* **The use of curare in obstetrics.** M. Ann. District of Columbia 18:561-564, 1949.

With uniform dosage, no oxygen or prostigmine is required to modify action of the drug or overcome respiratory depression. To avoid severing the superficial transverse perineal muscle, the smallest possible incision is made.

Babies are not harmed by curare, and resuscitation takes no longer than without the drug. Small episiotomy with no perineal plastic repair, or modified type of perineorrhaphy, assures firm perineal muscles after delivery.

Symptomatic Treatment of Poliomyelitis

EMIL SMITH, M.D., DAVID J. GRAUBARD, M.D., AND PHILIP ROSENBLATT, M.D.*

PAIN and spasm of acute poliomyelitis are largely due to ischemia from constriction of blood vessels by overactive sympathetic nerves. Symptoms may be relieved by Priscoline, a sympatholytic drug.

Pain soon disappears, and in seven to fourteen days most patients are sufficiently relaxed and comfortable for discharge to home or orthopedic hospital.

Emil Smith, M.D., David J. Graubard, M.D., and Philip Rosenblatt, M.D., of the Kingston Avenue Hospital, Brooklyn, advise a dose large enough to produce flushing of the skin or a sensation of warmth.

For a patient sixteen years or older, 50 mg. is injected intramuscularly. If flushing occurs, the same dose is repeated at intervals of three or four hours. Otherwise, each injection is increased by 12.5 mg. until the flush appears, and the same dose or the next smaller is then maintained.

When pain and muscle spasm subside, the drug is administered orally, as a rule in greater amounts. The largest dose by either route is 112.5 mg.

For children of five to sixteen, the first injection is 25 mg. Under five years of age, an elixir containing 30 mg. per dram is employed, and the initial dose is 10 mg.

No serious side effects occurred among 120 patients. Repeated blood counts and urinalyses revealed no changes. In 5% of cases a reaction of nausea and vomiting continues throughout the febrile period.

The longest period of administration of Priscoline was in doses of 75 mg. every four hours for seven and a half months.

* The management of the symptom complex in acute poliomyelitis. New York State J. Med. 49:2655-2660, '49.

Hemophilus Influenzae Meningitis Therapy

WILLIAM G. CROOK, M.D., B. REED CLANTON, M.D.,
Sydenham and Johns Hopkins Hospitals, Baltimore
HORACE L. HODES, M.D.*
Mount Sinai Hospital and Columbia University, New York City

MENINGITIS due to *Hemophilus influenzae* is primarily a disease of infancy and early childhood.

In patients over one year of age, signs of meningitis usually are apparent. In infants, the early symptoms may resemble those of upper respiratory infection, and the mortality is especially high because of poor resistance and delayed diagnosis. Therefore, when a small infant with febrile illness fails to show prompt, satisfactory improvement, a lumbar puncture should be performed.

The diagnosis of *H. influenzae* meningitis is made by demonstrating the organism in the spinal fluid. In 9 of 10 cases a gram stain will reveal the gram-negative bacilli and, in all cases, these bacteria will grow in cultures of the spinal fluid.

Capsular swelling used to identify the organism is demonstrated as follows: A drop of the patient's spinal fluid is mixed with potent *H. influenzae* type B antiserum and a small loopful of methylene blue. A smear of the mixture is then examined for capsular swelling.

After establishing the diagnosis, William G. Crook, M.D., B. Reed Clanton, M.D., and Horace L. Hodes, M.D., immediately give streptomycin intrathecally. The dose is 25 mg. for children under three years of age, and 50 mg. for older children. This amount is repeated once each day for four days. In addition, 40 mg. streptomycin per kilogram of body weight is given intramuscularly daily. This dose is divided into four or six separate injections.

For all but the mildest infections, Alexander's *H. influenzae* antiserum is indicated. The patient is first skin-tested for sensitivity to the rabbit serum.

The antiserum is given intravenously, diluted in normal saline to a volume of 10 cc. per kilogram of body weight. The initial dose of antiserum is 200 mg. of antibody nitrogen. During the first hour the solution is dripped in slowly as a precaution against immediate sensitivity reaction. The total dose is given in eight hours.

If the initial dose is adequate, the patient's serum, diluted 1:8 with saline, should cause capsular swelling of *H. influenzae* organisms. The test is performed six to twelve hours after antiserum is administered. If the serum fails to cause capsular swelling, additional antiserum is given intramuscularly or intravenously.

* Hemophilus influenzae meningitis. Pediatrics 4:643-658, 1949.

Other indications for additional antiserum dosage are:

► Failure of patient's condition to improve.

► Streptomycin resistance of organism strain.

► Persistently positive spinal fluid cultures.

► Persistently low spinal fluid sugar level.

Anaphylactoid and delayed serum reactions to the antiserum occasionally occur. By dilution with saline and slow intravenous administration, the anaphylactoid reactions are slight and infrequent. Delayed serum sickness occurs in about 20% of the cases, is never serious, and may be controlled by administration of antihistaminic drugs.

Sodium sulfadiazine, 5% solution in water, is also given intravenously as soon as the diagnosis is established. The initial dose is 0.04 to 0.05 gm. of sulfadiazine per kilogram of body weight. For maintenance, 0.15 to 0.2 gm. per kilogram is given orally each day in divided doses. If the subcutaneous route must be used for maintenance, the amount is reduced by one-third. The blood sulfadiazine level should be estimated daily and kept between 10 and 12 mg. per cent.

The price of Alexander's antiserum is high. The initial 200-mg. antibody nitrogen dose costs $260. However, in severe cases the material may be lifesaving. Slight involvement may be treated with only streptomycin and sulfadiazine.

Contrary to usual opinion, *H influenzae* organisms are frequently quite sensitive to penicillin. The antibiotic is, therefore, given in addition to sulfadiazine, streptomycin, and antiserum. The recommended dosage is 30,000 to 50,000 units of penicillin intramuscularly every three hours for the first three to five days, then 50,000 to 100,000 units every six hours until the infection is controlled.

The mortality rate for 110 patients with *H. influenzae* meningitis treated as described was 21%. Of the 87 who survived, 12 had evidence of brain injury at the time of discharge from the hospital. The danger of late cerebral damage seems slight. Prognosis for patients who are completely well when sent home appears to be excellent.

SYPHILITIC AORTITIS in patients under sixty years of age may be shown radiologically by linear calcification of the ascending aorta. Calcification in this location may outweigh the diagnostic implication of negative serologic reactions. With common arteriosclerosis, calcification is patchy and appears later, chiefly in the arch and descending aorta. To bring out details, high kilovoltage and rapid exposures of 1/20 to 1/30 seconds are employed by M. C. Thorner, M.D., R. A. Carter, M.D., and George C. Griffith, M.D., of University of Southern California, Los Angeles. Roentgenograms and autopsy records in 122 cases of syphilis and 100 of atherosclerosis confirmed usefulness of calcification as a diagnostic sign.

Am. Heart J. 38:641-653, 1949.

Diagnostix

Here are diagnostic challenges presented as they confront the consultant from the first clue to the pathologic report. Diagnosis from the Clue requires unusual acumen and luck; from Part II, perspicacity; from Part III, discernment.

Case MM-160

THE CLUE

ATTENDING M.D: Will you please see a patient who arrived just a moment ago by ambulance. She is a twelve-year-old child in shock from loss of blood. *(Walking into patient's room)* As you notice, she is bleeding profusely from the gums and nose. *(Child vomits bright red blood)* She is covered with purpuric spots and petechiae.

VISITING M.D: I cannot obtain her blood pressure; the pulse is rapid and weak. Her breathing is quick and shallow. *(Intern begins transfusion of 1,000 cc. blood and gives vitamin K)* I feel the spleen, 3 fingerbreadths below the costal margin. There is blood on my glove finger after the rectal examination. We need red and white cell counts, platelet and reticulocyte counts, bleeding time, and blood smears.

ATTENDING M.D: Her mother is waiting outside. Let's talk to her.

PART II

VISITING M.D: *(Inquiry as to past health discloses nothing remarkable)* Tell me about her present illness, how long has she been sick, and what have you noted?

MOTHER: Jean was all right when she was examined just before school started three months ago. She seemed to be very healthy until three weeks ago when we noticed some bruises on her shins. Last week she cried and rubbed her eyes and some little red spots appeared on the eyelids. Two days ago I found some blood on her pillow in the morning and called the doctor. He couldn't find anything to cause the nosebleeds. Yesterday they were worse, and last night the spots appeared all over her body. She was so weak this morning that she fainted and the doctor called an ambulance. She has been getting liver shots and iron.

ATTENDING M.D: *(Aside to Visiting M.D.)* Her blood pressure is now

100 over 60, and she is becoming quite restless.

VISITING M.D: Give her 1/8 gr. of morphine. I'll meet you in the laboratory in an hour to hear the results of the tests. *(In laboratory, one hour later)* The erythrocyte count is 2,000,000, white blood cells 50,000, platelets 30,000, and reticulocytes 20%. Blood smear shows marked regeneration, with normoblasts, leukocytosis with myeloid immaturity, hardly any platelets. Numerous red blood cells in urine.

PART III

VISITING M.D: *(In patient's room)* She is asleep. Most of the blood has gone into the vein now. I find the tourniquet test positive. Call Dr. Smith, the surgeon, at once for consideration of splenectomy.

This patient has acute thrombopenic purpura. There is no peripheral adenopathy and no pertinent history preceding the present hemorrhagic phenomena. The leukocytosis with immaturity is confusing but consistent with copious hemorrhage and increased regenerative activity of the marrow. The low platelets, prolonged bleeding time, and the clinical picture constitute an emergency, and I favor immediate splenectomy. I don't believe the patient has acute leukemia or an acute infection which could produce thrombopenic purpura. Of course the bleeding with acute leukemia is due to associated thrombopenia.

ATTENDING M.D: *(Places call for Dr. Smith)* Shouldn't we get coagulation time, clot retraction, sternal aspiration, and prothrombin time?

VISITING M.D: They would be valuable, but I don't think we can wait. Blood pressure is falling and the pulse is weak. She is momentarily out of shock and we may never have an opportunity for surgery again. *(Surgeon arrives; within one and one-half hours after admission to the hospital surgery is begun.)*

PART IV

ATTENDING M.D: *(Four weeks later)* Jean has done very well since the operation. All hemorrhage has ceased and platelets are 220,000 per cubic millimeter of blood. Bleeding time is two and one-half minutes.

VISITING M.D: Idiopathic thrombopenic purpura may be acute or chronic and is manifest by bleeding of organs or tissue. Most dangerous is hemorrhage into the brain or from the meninges, which may be fatal. In thrombopenic purpura, platelets are either destroyed in the spleen or suppressed by some action of the spleen. Sternal biopsy discloses numerous megakaryocytes. Coagulation time is normal, but the clot doesn't retract. The severe hemorrhage accounts for leukemoid reaction and anemia. Purpura accompanying aplastic anemia shows diminution of all bone marrow elements. Splenomegaly is an interesting finding. It is seldom present in this disorder except, as in this case, during an acute exacerbation. Apparently Jean's spleen was not enlarged when she had a complete physical examination three months ago. The postoperative course verified the diagnosis of acute thrombopenic purpura.

Medical Forum

Discussion of articles published in MODERN MEDICINE *is always welcome. Address all communications to The Editors of* MODERN MEDICINE, *84 South 10th St., Minneapolis 3, Minn.*

Ocular Complications of Diabetes*

TO THE EDITORS: The article by Dr. J. Q. Griffith, Jr., on the ocular complications of diabetes particularly interests me. The clear, simple way in which the complications are handled arouses my admiration. The estimation of capillary fragility and the treatment of diabetic retinopathy with rutin are given prominence. Several other basic researches which are now advancing may become of great importance and, despite the fact that they lack practical value at present, should be brought forward.

Ballantyne, by both clinical observation and microscopic examination of unstained specimens, demonstrated that many of the so-called round hemorrhages of diabetics are capillary microaneurysms. Friedenwald dramatically confirmed this by the use of periodic acid stain on whole retina. He showed that the aneurysms are indeed capillary and are frequently in groups adjacent to one supplying arteriole. He suggested that the changes in the glomerular tufts of the kidney which occur in intercapillary glomerulosclerosis are akin to the aneurysms in the retina.

Ashton has confirmed these observations and by section has found the aneurysms nowhere else in the body. Ashton has also discussed the stages of severity of diabetic retinopathy, which advance from microaneurysms through retinitis proliferans to detachment of the retina.

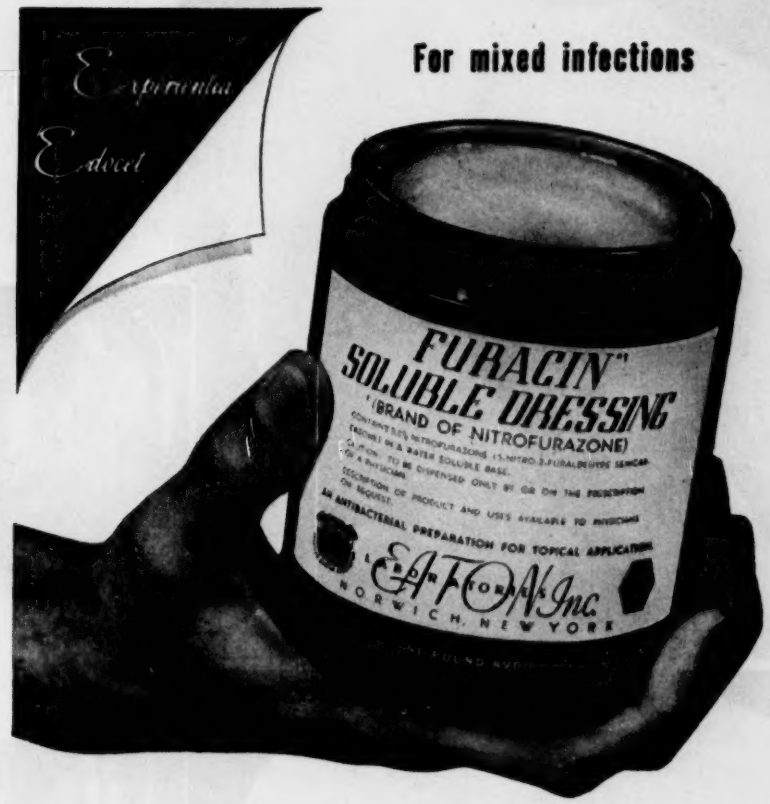
These findings throw light on old problems and pose new, interesting questions. The relationship of arteriolosclerosis to diabetic retinopathy loses considerable importance. The differentiation from the fundus in hyperpiesia becomes understandable. The progression of diabetic retinopathy through the stages of microaneurysms, punctate exudates, larger hemorrhage, waxy exudates, retinitis proliferans, and detachment of the retina now becomes more understandable.

The questions are even more interesting. Are the aneurysms all through the body or just in the retina and glomeruli? Could the aneurysms cause the diabetes or does the diabetes cause the aneurysms? Or is the cause an accessory factor to the diabetes, and is it present only in certain cases? Do aneurysms warn of Kimmelstiel-Wilson disease? What is the property of the retina and the glomerulus that causes the aneurysms to occur there? Does this discovery of aneurysms help our search for a pre-

*MODERN MEDICINE, June 1, 1949, p. 86.

(Continued on page 90)

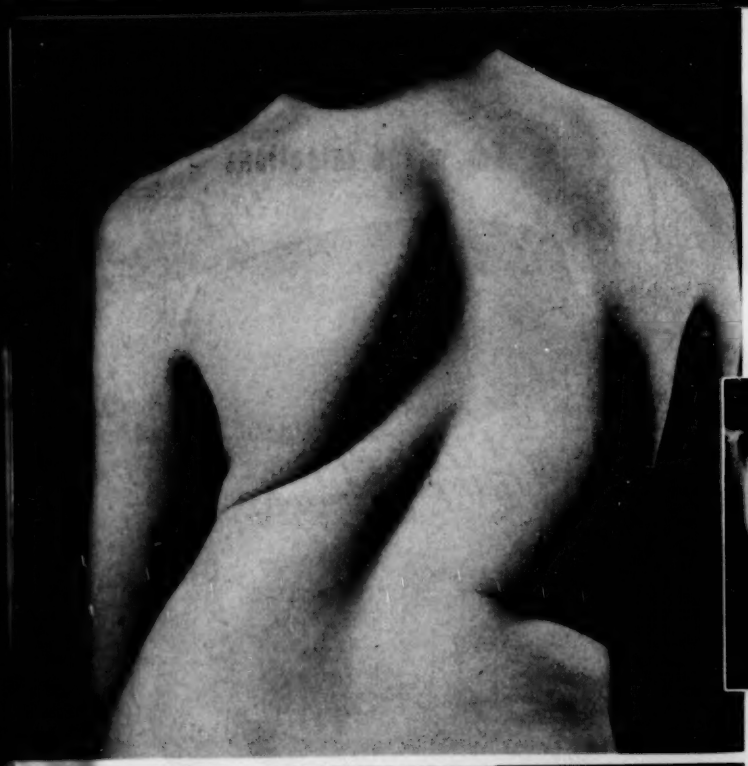
For mixed infections

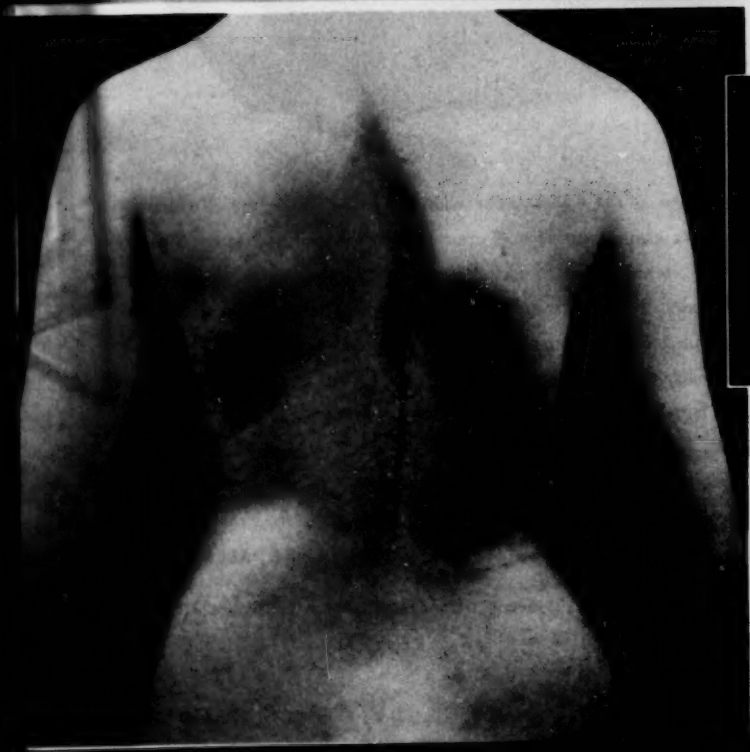


When fecal contamination of the postoperative wound is unavoidable, the effectiveness of Furacin against many gram-negative and gram-positive organisms has been shown to be of value. Shipley et al.* reported its prophylactic use in 2 cases of colostomy, where the incisions healed by early granulation even in the presence of fecal material. McGivney* recommended application of Furacin Soluble Dressing to postoperative anorectal wounds at each examination. Furacin® brand of nitrofurazone, is available as Furacin Soluble Dressing (N.N.R.) and Furacin Solution (N.N.R.) containing 0.2 per cent Furacin. These preparations are indicated for topical application *in the prophylaxis or treatment of infections of* wounds, second and third degree burns, cutaneous ulcers, pyodermas and skin grafts. *Literature on request.*

EATON LABORATORIES, INC., NORWICH, N. Y.

*Shipley, E. R. and Dodd, M. C.: Surg., Gynec. & Obst. 84:366. 1947. • McGivney, J.: South. M. J. 41:401. 1948





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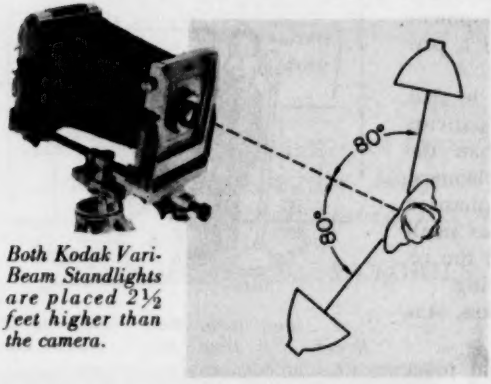
Kodak Master View Camera 4x5 . . . To obtain "before and after" photographs such as those at left . . . for versatility in many other situations . . . to fulfill the complete still-camera requirements, Kodak Master View Camera 4x5 is ideal. With its multiple adjustments, light weight, compactness, choice of lenses, this unit, even for those who desire to make lantern slides, offers the utmost in convenience and utility.



Both Kodak Vari-Beam Standlights are placed 2½ feet higher than the camera.

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vention or cure for diabetic retinopathy?

Finally, it should be mentioned that aneurysmal dilations in the veins were described by Foster Moore many years ago and can be found in our patients today, even though in our excitement over rutin and microaneurysms we neglect to notice or write about them.

CLEMENT MC CULLOUGH, M.D.

Toronto

Myxedematous Madness*

TO THE EDITORS: In my opinion, a psychosis or insanity due to myxedema is exceedingly rare, and while myxedematous patients may well show minor changes in behavior and perhaps some retardation of effect and intellect, I hardly feel that this should be classified as a form of psychosis.

Most physicians remember with considerable distress the unfortunate individuals who were subjected to total thyroidectomy for heart disease in about 1934-36, and while there was a general letdown in both mental and physical activity, I have not been impressed by the development of what might be considered a psychosis.

I agree with Dr. R. Asher in that the facial expression of these patients is often more impressive than the basal metabolic or blood chemical studies, but it should be emphasized that these patients respond to small doses of thyroid extract, and the results are usually most gratifying.

C. E. RICHARDS, M.D.

Gallipolis, Ohio

*MODERN MEDICINE, Dec. 1, 1949, p. 38.

► TO THE EDITORS: In his article on myxedematous madness, I believe that Dr. R. Asher has done a great service in uncovering for the medical profession this type of psychosis.

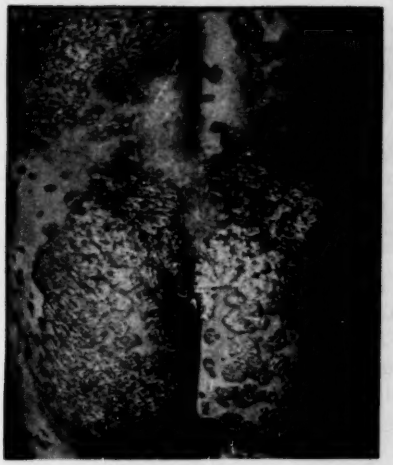
A general physical examination should always be made before assuming that madness is of purely cerebral origin. Numerous metabolic and nutritional disturbances, drug intoxications, and even cancers can produce madness. I remember years ago seeing several patients with madness cured by treatment for pernicious anemia that was in relapse.

I have had no experience with myxedematous madness, probably because I rarely see in consultation mad patients. I have seen individuals with myxedema who have marked cerebral changes that respond quickly to thyroid substance. It appears to me that these patients, if unrecognized, would slowly develop symptoms of madness.

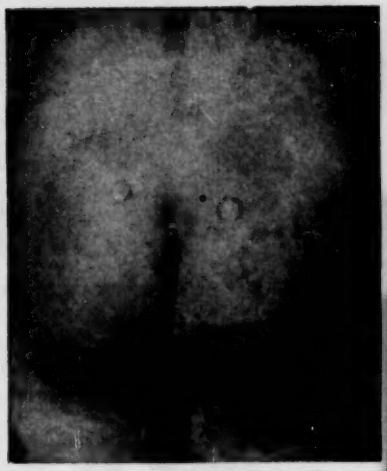
LOUIS A. SOLOFF, M.D.

Philadelphia

". . . and now, folks, listen as Mr. Kruch tells how 'Basil's Birch Bark' put him on his feet again."



(Left) Psoriasis of 15 years' duration



(Right) Same case after 15 weeks with Mazon

Symptomatic Relief First

before confronting the vagaries of psoriasis

• Facing the bewildering and erratic behavior of psoriasis, the clinician logically turns to localized treatment first before instituting more generalized therapy.

With Mazon, a compound of mercury salicylate, benzoic acid, sodium stearate, salicylic acid and tars, progress of the lesions is arrested and symptomatic relief is quickly accomplished.

As demonstrated for over 25 years, Mazon acts efficiently in psoriasis when systemic or metabolic involvement is not indicated. Its non-staining, non-greasy and generally agreeable properties promote patient acceptance.

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MAZON

Special Exhibit

What Every Doctor Should Know About Law

Adapted from an exhibit, "Prevention of Malpractice Suits," displayed at the American Medical Association meeting at Atlantic City. The exhibit was produced and arranged by Louis J. Regan, M.D., LL.B., legal counsel of the Los Angeles Medical Association.

I GENERAL PRINCIPLES OF MALPRACTICE

THE LAW REQUIRES THAT:

A physician who undertakes to render professional service to a patient must possess and exercise the knowledge, skill, and care commonly possessed and exercised by other reputable practitioners in the locality.

The attending physician must employ standard and accepted methods and procedures.

He must not wander into fields of experimentation.

THE STANDARD OF PRACTICE

What the ordinary reputable practitioner would do and what he would refrain from doing, in caring for a similar case.

The physician's failure to meet required standards may be due to his:

1. Ignorance
2. Negligence
3. Willful departure from acceptable practice
4. Breach of positive law, as when operating without consent

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IN ACUTE AND CHRONIC SINUSITIS

Bacitracin-Nasal-C.S.C. is a valuable means of reducing the period of disability when acute sinusitis complicates coryza. Bacitracin, through its specific antibiotic properties, destroys many of the pathogens which flourish in the nose and accessory nasal sinuses. Desoxyephedrine, through its vasoconstrictor influence, improves ventilation and sinus drainage, thus enhancing the action of bacitracin. Bacitracin-Nasal-C.S.C. may be administered by means of a nebulizing spray or by the Parkinson lateral head-low position. Available in ½ ounce bottles on prescription at all pharmacies.

1. Nonallergenic, even on repeated administration.
2. An aqueous solution which does not inhibit ciliary activity.
3. Nonirritant, isotonic.
4. May be administered to both adults and infants.

CSC

When dispensed by the pharmacist each cc. of Bacitracin-Nasal-C.S.C. provides: bacitracin 250 units, desoxyephedrine hydrochloride 2.5 mg. (0.25%), sodium benzoate 1%. The solution is stable at refrigerator temperature for 7 days.

C.S.C. Pharmaceuticals

A DIVISION OF COMMERCIAL SOLVENTS CORPORATION, 17 EAST 42ND STREET, NEW YORK 17, N. Y.

The attending physician must act toward his patient with the utmost good faith at all times.

The physician-patient relationship begins when the physician responds to the express or implied request that he attend the prospective patient and undertakes to render the service required of him.

A physician is not required to accept any patient; if he assumes the obligation he must render the care needed, or see to it that it is rendered.

The unwarranted abandonment of a case after its assumption will render a physician liable in damages, if injury results.

The physician's duty to the patient may be terminated at any time by his being discharged by the patient.

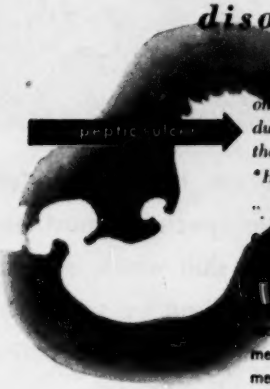
A physician may withdraw from a case, but only after reasonable notice has been given the patient and when there is reasonable opportunity to fill his place.

The physician-patient relationship ends when the patient no longer needs the professional care or when the physician is otherwise properly relieved of his obligation.

compatible with the

deficiency theory

in the management of gastrointestinal disorders . . Viodenum



*...ment of . . . gastric ulcer and duodenal ulcer . . . is based on ...osition that the normal functions of the stomach and the duo... are maintained by various biological activity substances, the a... of which favours ulcer formation."**

Hu... O., Lancet,* **251, *272 (1946).*

"... ...ly were these patients relieved of their symptoms, but in all ... included in this particular report there was roentgenologic ... of ulcers having healed . . . it is not expected that . . . duodenal ... prove to be a specific for peptic ulcer, for I do not believe that ... single substance will ever be able to correct all the interacting ...tors responsible . . . I am fully convinced, however . . . the protecting mechanism inherent in duodenal . . . would be invaluable ... ment of ulcer."*

*Rivers, A. D., Am. J. Dig. Di... (1938).

*"A consideration of the natural course of ulcerative co... to the theory that in some cases the condition might ... as the result of a deficiency. Preliminary investigations su... that the missing hypothetical factor might be pres... or produced by the intestine. Feeding experiments . . . ...ed that remissions could be induced regularly by gi... uncooked pig's small intestine by mouth . . . the results ... with this treatment do not appear to be coincide... or psychological; they are compatible with the deficiency ...ry advanced . . ."**

Gill, A. M., Lancet,* **2, *(1945).*

"Duodenal substance (Viodenum) was administered to thi... patients who had chronic ulcerative colitis . . . no other s... medication was used . . . the results obtained in 85 per cent ... the patients were very favorable . . . the majority of the pati... gained weight . . . felt better and ate better . . . duodenal substance (Viodenum) may be considered a very valuable aid in the therapy of chronic ulcerative colitis."*

*Streicher, M. H., J. Lab. Clin. Med., **33,** 1633 (1948).

RAW duodenum desiccated and defatted at body temperature
Provided in powder or ten grain tablets:

Literature available upon request

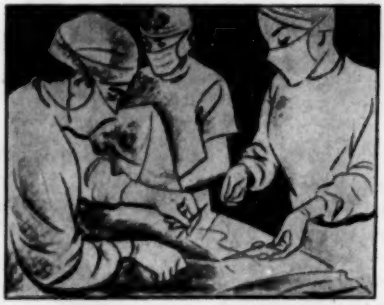
Viodenum

VIOBIN LABORATORIES
MONTICELLO, ILLINOIS • U. S. A.

A physician is held not to be an insurer of the results of his treatment, but he may assume an insurer's liability by express contract.

A physician holding himself out as a specialist must exercise the skill which is ordinarily exercised by specialists in the same field of practice in similar localities.

II CONSENT TO OPERATION



Doctor: "No, I didn't tell him I was going to operate. Why upset him?"

A surgeon who performs an operation without his patient's consent commits an assault for which he is liable in damages!

(Schloendorff v. New York Hospital 211 N.Y. 125)

Doctor: "I will have to take some fascia from the thigh."

CONSENT IS NECESSARY FOR THE PERFORMANCE OF AN AUXILIARY OPERATION

THE SIMPLE, BLAND, STERILE *Dressing*

FOR...

cover

—non-adherent, lubricant, emollient, and *sterile* dressings for burns and wounds of traumatic or surgical origin

pack

—non-toxic, non-macerating, separable, and *sterile* packing material for post-operative plugs, packs, rolls, and tampons

drain

—non-irritating, non-sticking, pliant, and *sterile* material as wick or drain or wrap-around for tubing.

Always ready—always sterile: *VASELINE* Sterile Petrolatum Gauze Dressings are so handy and so useful wherever an emollient, non-adherent, non-irritating, and non-macerating Covering, Packing, or Drainage material is indicated, for emergency or routine application. From compact foil-envelopes, they may be cut into strips or pads of various dimensions, or folded, or used full-length. Fine-meshed absorbent gauze (44/36, Type I, U.S.P.) prevents growth of granulation tissue through gauze. The light, even impregnation with *sterile* petrolatum (white petroleum jelly U.S.P.) avoids danger of tissue maceration. Available through your regular source of supply.

CHESEBROUGH MFG. CO., CONS'D
PROFESSIONAL PRODUCTS DIVISION
NEW YORK 4, N. Y.

Vaseline

Trade-Mark ®

Sterile Petrolatum Gauze Dressings

In Two Convenient Sizes:

No. 1 UNIT ENVELOPE — 3 x 36
6 envelopes to the carton

No. 2 DUPLEX ENVELOPE — TWO 3 x 18
6 envelopes to the carton

IN BURNS, WOUNDS, AND MANY SURGICAL PROCEDURES

In emergency a surgeon may do what good practice indicates to save life or preserve health

If emergency is relied upon to justify operation, HAVE CONSULTATION

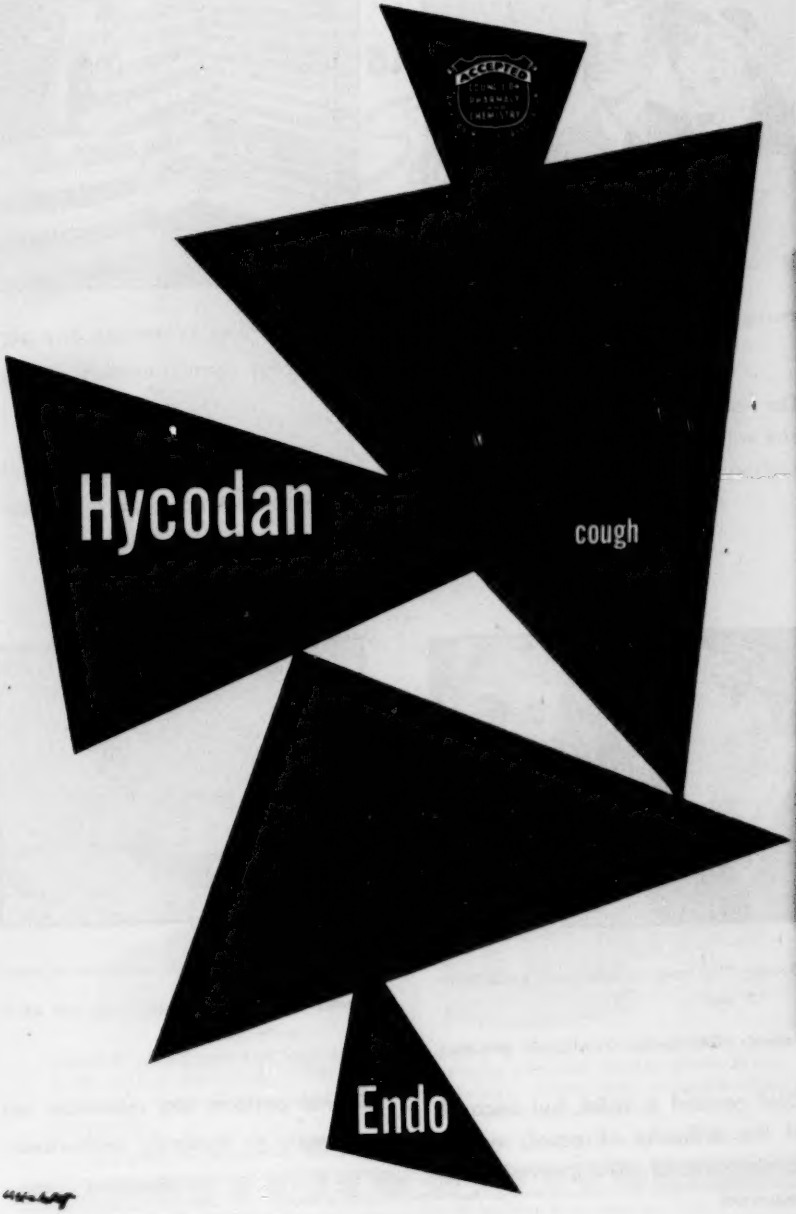
Doctor: "It may be necessary to remove the uterus!"

In an operation upon either husband or wife likely to result in sterility, it is desirable to secure the written consent of both spouses!

A physician, on undertaking an operation, is not justified in ceasing to attend the patient after operation if further care is needed.

Husband: "You find that pregnancy would endanger my wife's life? Can you sterilize me?"
Doctor: "Yes, that can be done."

If pregnancy would endanger wife's life, the physician may take the simpler alternative of sterilizing the husband.


ACCEPTED
Hycodan
cough
Endo

Doctor: "When I do a sterilization it stays done!"

Do not promise patient that he or she will be sterile as result of sterilization procedure!

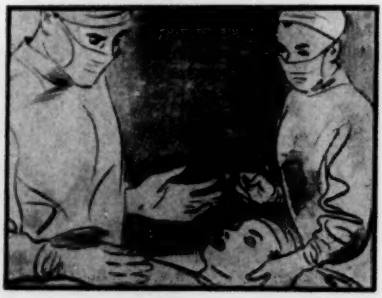
It is hazardous to sterilize any person except upon a medical indication

Consent to an operation which is unlawful does not absolve the surgeon from liability

Doctor: "I'll have to take your gallbladder out!"

Patient: "OK, Doctor, it's all right with me."

Oral consent is valid, but because of the difficulty of proof, written consent should also invariably be required.



(Patient had consented to operation on nose)

Doctor: "I'll just take her tonsils out while we're about it."

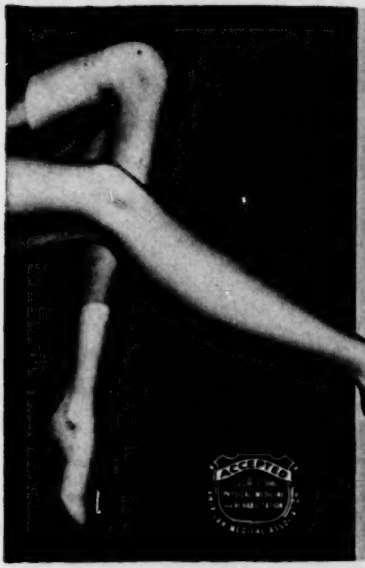
Do not perform any operation not expressly or impliedly authorized

(No emergency existing)

(Continued on page 104)

Attractive? Yes . . . but made first for support! BAUER & BLACK

Elastic Stockings



When you tell your patients to wear BAUER & BLACK Elastic Stockings, you know that you are prescribing *real* support . . . *real* relief. You are not letting your patients sacrifice support for style . . . yet, BAUER & BLACK Elastic Stockings will satisfy the most style-conscious patients, for they provide . . .

- EFFECTIVE SUPPORT
- LIGHTWEIGHT COMFORT
- FASHION FIT
- 2-WAY STRETCH
- INCONSPICUOUSNESS UNDER SHEEREST HOSE
- UNIFORM TENSION AT ALL POINTS

For your patients' support and comfort, prescribe Bauer & Black Elastic Supports

TENSOR*, the Elastic Bandage woven with *LIVE RUBBER THREAD*, provides dependable, controlled pressure.

Bauer & Black Abdominal Belts . . . strong surgical elastic gives firm, positive, adjustable support—on and off without lacing.

Send today for informative FREE BOOKLET on ELASTIC SUPPORTS! Write Dept. BO-2

BAUER & BLACK

Division of The Kendall Company, 2500 S. Dearborn St., Chicago 16 *Reg. U. S. Pat. Off.

FIRST IN ELASTIC SUPPORTS

in rheumatic affections...

how can Pabalate provide better salicylate therapy than pure salicylate itself?

THE SUCCESS of salicylate therapy in rheumatic affections has been shown by authoritative reports[3,6] to depend largely on the maintenance of really adequate blood levels . . . frequently a difficult achievement under usual salicylate administration. Pabalate supplies not only salicylate, but also a "booster" in the form of the antirheumatic para-aminobenzoic acid,[7] which acts to *increase* blood levels of salicylate.[1,2,4,5] In turn, the salicylate increases the blood concentration of the para-aminobenzoic acid.[2] Enteric coating helps Pabalate prevent gastric irritation, insures optimal toleration.

Successful clinical results, contingent on adequate blood levels, can thus be achieved better, more dependably, with Pabalate . . . the "new word for salicylate" in therapy of rheumatic affections.

A. H. ROBINS COMPANY, INC. · RICHMOND 20, VA.
Ethical Pharmaceuticals of Merit since 1878

higher salicylate blood levels for better antirheumatic therapy

INDICATIONS: *Pabalate Tablets*—for adult patients with rheumatoid arthritis, acute rheumatic fever, fibrositis, gout and osteo-arthritis. *Liquid Pabalate*—for treatment of acute rheumatic fever or other rheumatic diseases in children and as a replacement for tablet salicylate medication; or for adults who prefer a liquid dosage form.

DOSAGE: Average adult dose: two tablets or teaspoonfuls, three or four times daily. Dosage should be adjusted upward if necessary. For children, dosage is proportional to age and severity of condition.

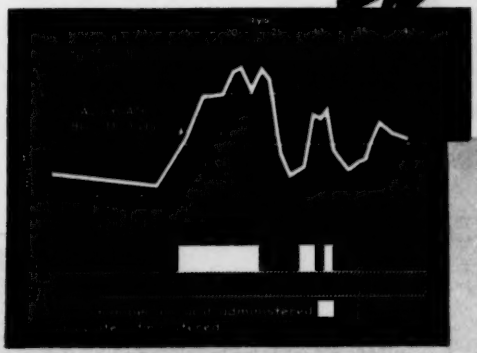
FORMULA: Each enteric-coated tablet or each teaspoonful contains Sodium Salicylate, U.S.P. (5 grs.) 0.3 Gm.; Para-aminobenzoic Acid (as the sodium salt) (5 grs.) 0.3 Gm.

SUPPLIED: Pabalate Tablets in bottles of 100 and 500. Liquid Pabalate in bottles of 1 pint.

REFERENCES:

1. Belisle, M.: Union Med. Canada, 77:392, 1948
2. Dry, T. J. et al.: Proc. Staff Meetings Mayo Clinic, 21:497, 1946
3. Editorial: J.A.M.A., 138:367, 1948
4. Muratore, F. and Pugignano, T.: Bull. Soc. Ital. Biol. Sper., 24:269, 1948
5. Parker, W. A.: Quart. J. Med., 17:229, 1948
6. Reid, J.: Quart. J. Med., 17:139, 1948
7. Rosenblum, H. and Fraser, L. E.: Proc. Soc. Exper. Biol. and Med., 65:178, 1947

Para-aminobenzoic acid increases blood levels of concurrently administered salicylate.[2]



For treatment of rheumatic affections

℞ *Pabalate*®

Robins

SPECIAL EXHIBIT

CONSENT TO OPERATION

Place_____

Date_____

1. I hereby authorize and direct Dr._____

to perform the following operation upon me_____

_____

_____

(his)
and to do any other procedure that (their) judgment may dictate during the above operation.

2. I understand that the surgeon (surgeons) will be occupied solely with the surgery, and that the administration and maintenance of the anesthesia is an independent function,

and will be in charge of Dr._____. I consent to the administration of such anesthetic, or anesthetics,

as Dr._____ may deem advisable in my case.

3. It has been explained to me that I may be sterile as a result of this operation, although no such result is warranted or guaranteed. I understand what the term sterility means and, in giving my consent to the operation, I have in mind the possibility (probability) of such a result.

Signed_____

Hour_____ A.M. P.M. Witness_____

(wife)
4. I join in authorizing the performance, upon my (husband), of the surgery consented to above. It has been explained to me that, as a result of the operation, my (wife) may be sterile. (husband)

Date_____ Signed_____

Hour_____ A.M. P.M. Witness_____

Cross out paragraphs not applicable to particular case.

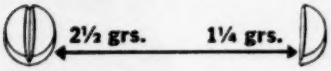
NOW!

CHILDREN'S SIZE

Genuine BAYER

ASPIRIN

This special Children's Size Bayer Aspirin makes it easy for mothers to follow your prescribed dosage.



Write for a package

The BAYER COMPANY DIVISION
OF STERLING DRUG INC.
170 Varick Street • New York 13, N. Y.

What Would You Say?

Twice a month we will select a caption for this cartoon from those sent in by our readers and send the author $5. This caption was written by

Rodney D. Turner, M.D.
East Boothbay, Me.

Mail your caption to The Cartoon Editor, MODERN MEDICINE, 84 South 10th St., Minneapolis 3, Minn.

"At your age I believe it would be advisable if you did a little fishing in the winter."

Short Reports

TREATMENT

Amelioration of Pain in Nutritional Neuropathy

Intramuscular administration of a 15-gamma dose of vitamin B_{12} may alleviate the pain associated with nutritional neuropathy. Dr. William B. Bean and associates of Iowa City observed the effects of the vitamin in 2 patients with nutritional deficiency and 1 with chronic alcoholism and diabetes. The diabetic patient required no further narcotics while in the hospital. Pain gradually reappeared in the other patients and was mitigated, to a lesser degree, by second injections. When given diets high in calories, proteins, and vitamins, however, these patients continued to improve. Vitamin B_{12} is not, apparently, a sedative or analgesic, since pain was not lessened for 11 patients with other diseases given the same treatment.

Proc. Central Soc. Clin. Research 22:10-11, 1949.

ENDOCRINOLOGY

Pathogenesis of Arthritis

Cortisone and adrenocorticotropic hormone almost completely inhibit experimental arthritis induced in rats by injections of formaldehyde. Formalin arthritis is, however, slightly aggravated by desoxycorticosterone or impure pituitary preparations. Apparently antagonism exists between DCA or crude anterior pituitary preparations and cortisone or purified ACTH. Dr. Hans Selye of the Université de Montréal, Canada, believes that these manifestations are explained by the concept of crossed resistance. An exposed individual becomes resistant not only to the agent which aroused the alarm reaction but also to unrelated stimuli. Since this reaction is accompanied by increased adrenocortical activity, an increased production of corticoids is generally believed to be the cause.

Brit. Med. J. 4637:1129-1135, 1949.

"I hope this isn't another false alarm."

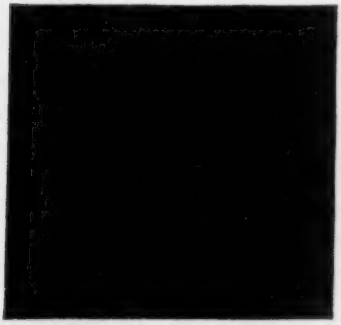
For rapid relief in sore throat

Sore throat often responds to Paredrine-Sulfathiazole Suspension within 24 hours. Instilled intranasally, the Suspension is swept beneath the turbinates, where it mixes with sinus drip and neutralizes bacteria before they reach the nasopharynx and intensify the infection.

Part of the Suspension drifts down over the nasopharynx, where it forms a thin, even blanket which not only provides potent and sustained bacteriostasis at the site of infection, but also appears to produce marked surface analgesia.

Smith, Kline & French Laboratories
Philadelphia

vasoconstriction in minutes . . . ***bacteriostasis for hours***



RADIOLOGY

Powerful Atom Smashers To Be Built for AEC

Two bevatrons, the most powerful atom smashers in the world, have been ordered by U. S. Atomic Energy Commission. One of the machines is to be installed at the University of California, Berkeley, and the other at Brookhaven National Laboratory, Long Island. The magnet of each machine will have a diameter of 110 ft., and the accelerating chamber a circumference of 400 ft. The bombarding protons circle the accelerating chamber 4,000,000 times, a distance of 300,000 miles, in less than two seconds and emerge at a speed which is nearly as great as that of light. The bevatrons will be used to study structure of atomic nuclei.

PHARMACOLOGY

Vasodilator Substance

Roniacol, a vasodilator, may benefit patients with angina pectoris and peripheral vascular disease. The drug, 3 pyridine-methanol or B-pyridyl-carbinol, is converted to nicotinic acid in the organism. Since the toxic effects with Roniacol are relatively unimportant, Dr. S. Marx White of Minneapolis believes that dosage can be repeated as often as desired. The drug appears to increase tolerance for exercise and extend the range of activity without pain for patients with angina pectoris. In peripheral vascular disease, sympathectomy may be expected to be effective if Roniacol improves circulation of the involved parts.

Proc. Central Soc. Clin. Research 22:92, 1949.

RADIOLOGY

Radar Technic Used in Cancer Detection

An Army invention for the instantaneous processing of radar photographs may be useful in detecting stomach cancer in the early, potentially curable stage. A study of this method will be made by Dr. Russell H. Morgan of Johns Hopkins University, Baltimore, who previously developed and tested the Schmidt fluorographic camera. Without exposing patient or operator to excessive radiation, this camera makes a sharp, clear picture of the relatively dim image which appears on the fluoroscopic screen. Rapid technic for developing these pictures eliminates the sometimes dangerous delay between detection and treatment of cancer. Darkroom equipment and film storage space are not necessary with the radar developing technic. The patient can be informed immediately of the results and given an intensive physical examination before leaving the clinic, and clerical work is simplified.

PUBLIC HEALTH

New Rat Killer

An anticoagulant known as WARF-42 may be used in killing rodents by causing them to bleed to death. The poison was developed by Dr. Karl Paul Link of the University of Wisconsin, Madison. Since WARF-42 is slow-acting, odorless, and tasteless, rats do not become bait-shy to the material.

PHARMACOLOGY

Mercurial Diuretics

Thiomerin is a more toxic diuretic than Mercuhydrin or Merthyl as shown by effects of the three drugs on the glomerular filtration rate of dogs. Creatinine clearance and other signs of mercury poisoning were observed by Dr. Carroll A. Handley and associates of Baylor University, Houston. Excretion of Thiomerin is relatively slow and incomplete. Stomatitis, diarrhea, or fatal poisoning appeared more frequently in the animals given Thiomerin than in the others and creatinine clearance was more reduced.

Proc. Soc. Exper. Biol. & Med. 72:201-203, 1949.

PUBLIC HEALTH

Atomic Injury Treatment

Selected physicians from all parts of the country will learn how to treat atomic injuries in one-week courses to be sponsored by the Atomic Energy Commission. The program will begin in March with courses at Argonne National Laboratory, Chicago; University of Rochester, N.Y.; and Western Reserve University, Cleveland. Later in the spring of 1950 other courses on atomic injury treatment will be offered at University of California at Los Angeles; University of Utah, Salt Lake City; University of Alabama, Birmingham; and Johns Hopkins University.

"Right now? When did you first feel . . . Hmm, two weeks ago . . . uh huh."

for peptic ulcer therapy

resin — mucin

in a single tablet

RESMICON

mucoprotective acid-adsorbent

RESIN—Resmicon's ion-exchange polyamine resin physically adsorbs HCl and pepsin in the stomach and releases them in the alkaline intestine—a process so compatible with natural physiology that Resmicon is free from distressing side effects.

MUCIN—Resmicon's purified natural gastric mucin coats the mucosa with a tough, tenacious film that protects the ulcerated area. This shield against further irritation facilitates natural healing.

RESMICON—the union of resin and mucin in a single tablet—is unprecedentedly effective in the treatment of peptic ulcer.

RESMICON TABLETS: anion exchange polyamine resin, 500 mg.; gastric mucin, 170 mg. Supplied in bottles of 84 tablets.

Whittier
LABORATORIES
Division Nutrition Research Laboratories • Chicago 30, Illinois

DIAGNOSIS

New Syndrome with Hypertension

Disturbance of functions of the adrenal cortex may cause a complex of hypertension, obesity, and menstrual irregularities. Symptoms of 24 women with arterial hypertension which do not, apparently, belong to any previously known syndrome, are described by Dr. Henry A. Schroeder and associates, St. Louis, who believe the condition represents a pathogenetic entity. Symptoms include: [1] sudden onset of obesity at menarche, menopause, or after multiple pregnancies or gynecologic surgery, [2] obesity of central type with pale striae on thighs and upper arms, [3] menstrual irregularities, [4] therapeutic response of blood pressure levels to low-salt diets, and [5] low concentrations of sodium and chloride in sweat. In no instance were the cardinal signs of Cushing's syndrome present.

Proc. Central Soc. Clin. Research 22:73, 1949.

PHYSIOLOGY

Stabilization of Serum Lipid

The relationship of phospholipid to total lipid content seems to determine the clarity or turbidity of sera. Drs. Edward H. Ahrens, Jr., and Henry G. Kunkel of Rockefeller Institute for Medical Research, New York City, find that sera with a high total lipid content may be completely clear, while sera with only moderate lipid content may be grossly milky or lipemic. The importance of phospholipid in maintaining the clarity of sera may be shown by enzymatic destruction of serum lecithin. This causes lipemia in linear proportion to the total lipid content, unmasking the invisible proportion of lipids which are present even in grossly lipemic sera. Atherosclerosis is frequently present when the ratio of phospholipid to cholesterol is less than 1 but not when the ratio is more than 1, in spite of greatly elevated neutral fat levels.

J. Exper. Med. 90:409-424, 1949.

"Let me see, your name begins with . . . a . . . a . . ."

HONORS

Awards Presented

At the year's end several awards were made for outstanding work in the fields of medicine and surgery.

► The American Medical Association presented a gold medal to Dr. Andy Hall of Mount Vernon, Illinois, and named the eighty-four-year-old country doctor the "outstanding general practitioner" of 1949 (see cover picture).

► Dr. Oskar Wintersteiner of the Squibb Institute for Medical Research, New Brunswick, N. J., was selected to receive the William H. Nichols Medal of the American Chemical Society's New York section in recognition of his work in the chemistry of insulin, steroid hormones, antibiotics, and alkaloids.

► For his work in abdominal surgery with local anesthesia, Dr. Hans Finsterer of Vienna, Austria, was named Master of Surgery by the International College of Surgeons. He is the fifth man to receive the honor in the fourteen-year history of the college.

► The faculty of medicine of the University of Toronto chose Dr. Herbert M. Evans of the University of California, Berkeley, to receive the Mickle Award for his studies in the isolation and purification of the anterior hypophyseal hormones. The award is made only once every ten years.

► The Theobald Smith Award in Medical Sciences, established in 1938 by Eli Lilly and Co., was presented to Dr. Seymour S. Kety of the Graduate School of Medicine of University of Pennsylvania for his work on the measurement of the flow of blood to the human brain and on the oxygen consumption of the brain. Dr. Kety received a $1,000 prize and a bronze medal.

► The Sigma Delta Epsilon Award of $500 was presented to Dr. Ruth V. Dippell, a research associate at Indiana University, for studies on mutations of bacteria. The group is a graduate woman's scientific fraternity.

► The American Pharmaceutical Manufacturers' Association presented its research award for outstanding medical achievement in 1949 to the Association of American Medical Colleges, which is responsible directly or indirectly for most of the productive medical research in the United States.

► A medical science reporter for the *New York Herald Tribune* and a free-lance magazine writer won the George Westinghouse awards for the best science writing of 1949. The $1,000 prizes went to Lester Grant for a series of fifteen newspaper articles on cancer and to George W. Gray of Sparkill, N.Y., for a magazine article on the human brain.

NUTRITION

Evaluation of Lipase A

Patients with steatorrhea may be helped by treatment with large quantities of lipase A, find Dr. M. H. Streicher and associates of Chicago. The fat content of the stools in a patient with cancer of the pancreas was reduced to 40% by 24 capsules daily, each containing 0.4 gm. of the enzyme. The stools also decreased in number and became more solid. Results with pancreatin were comparable to those with lipase A.

Proc. Central Soc. Clin. Research 22:81, 1949.

When you prescribe iodine

Specify **ORGANIDIN®**

A Demonstrably Superior Iodine Preparation

- WELL TOLERATED
- HIGHLY EFFECTIVE

Organidin (Wampole) is an exceptionally well tolerated, stable preparation of iodine organically combined by reaction with glycerin for *internal administration*.

Clinical studies[1] have demonstrated the superiority of *Organidin* to Lugol's Solution (inorganic iodine) at corresponding iodine levels for dosage periods of 6 to 30 days. *Organidin* may be administered at *high dosage levels* and for *prolonged periods*.

With *Organidin* iodine absorption is prompt, side effects are infrequent and mild. Whenever systemic iodine therapy is indicated (for hyperthyroidism, prophylaxis of goiter, syphilis, and cardiovascular conditions, or as an expectorant for relief of asthma or bronchitis) prescribe stable, well tolerated *Organidin*. Supplied in bottles of 30 cc. with dropper designed to deliver approximately 1 minim (7.5 mg. iodine) per drop. *Samples and literature on request.*

1. Slaughter, D.: South Dakota J. Med. & Pharm., 1:425, 1948

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Current Books & Pamphlets

This catalogue is compiled from all available sources, American and foreign, to insure a complete listing of the month's releases.

Medicine

ACUTE MEDICAL DISORDERS *by* Francis Daniel Murphy. 3d. ed. 567 pp., ill. F. A. Davis Co., Philadelphia. $7.50.

DIAGNOSTIK DURCH SEHEN UND TASTEN: EINE SEMIOTIK DER INSPECTION UND PALPATION *by* H. Kahler. 254 pp., ill. Springer, Vienna. $2.70

Surgery

ATLAS OF SURGICAL OPERATIONS *by* Elliott C. Cutler *and* Robert M. Zollinger. 2d ed. 255 pp., ill. Macmillan Co., New York City. $9

DIE CHIRURGIE DES PRAKTISCHEN ARZTES *by* A. M. Fehr. 169 pp., ill. Springer, Vienna. 24 Sch.

Ophthalmology

TOXIC EYE HAZARDS *by* Joint Committee on Industrial Ophthalmology of the AMA *and* the American Academy of Ophthalmology and Otolaryngology. 101 pp., ill. National Society for Prevention of Blindness, New York City. $1

VISION: ITS DEVELOPMENT IN INFANT AND CHILD *by* Arnold Gesell *et al.* 329 pp., ill. Paul B. Hoeber, New York City. $6.50

MAY'S MANUAL OF THE DISEASES OF THE EYE: FOR STUDENTS AND GENERAL PRACTITIONERS *by* Charles A. Perera. 20th ed. 512 pp., ill. Williams & Wilkins Co., Baltimore. $5

Otolaryngolgy

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Backed into It

The para IV was well along in labor. I did a careful pelvic examination and discovered a hip presenting. I told the patient calmly that it was a breech presentation, and that everything thus far was fine.

She murmured between pains, "A sort of breech of promise, huh?"—D.A.G.

"OK in the back?"

Commodious

An Englishman was awaiting word from the delivery room. Finally the nurse came out and congratulated the gentleman on the birth of a bouncing boy. Shortly, she came out again and congratulated him on the birth of another bouncing boy. It wasn't long before she returned and proclaimed the birth of a girl, to which the Englishman answered, "Roomy, eh what?"—M.C.

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Exempt

When I was working for the City Health Department we condemned a little house because the cesspool was overflowing. We posted the usual health sign that the house was not fit for human habitation.

We went out to see if the house had been vacated or the necessary repairs taken care of. We found a little old lady there. We asked if she didn't realize that she was breaking the law.

"I am not. I'm not even married," she answered very vehemently.

"What on earth has that got to do with it?" we asked.

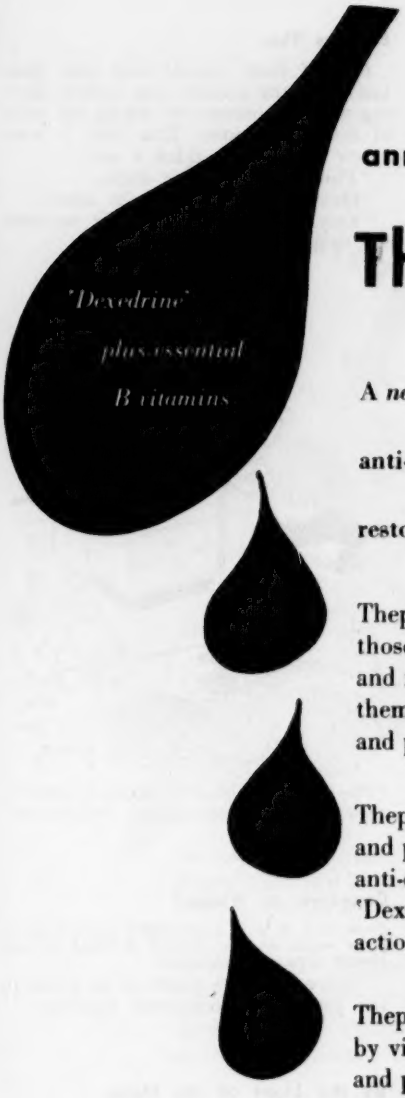
"I let the young couple that was living here move into my house when you put up that ridiculous sign. I am not married, never have been, and I'll have you know I'm a good woman. That sign that says this place isn't fit for 'cohabitation' doesn't concern me."
—P.H.

"No, I haven't got laryngitis. Just braunschweiger, salami, and peperoni!"

Legal 'Mercy Deaths' Urged in City Where Girl Slew Sick Father

Stamford, Conn. (AP).—A proposal that the Connecticut Legislature be asked to legalize "mercy deaths" was made Monday night in this city, where a college girl shot her father to death recently because he had *insurable* cancer.

(Seen in the Buffalo Evening News by J. T., who says, "I'd like to get this insurance for some of my patients.")



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Easy as That

One of those typical wise guys that knows all the answers was forever flirting with the nurse and asking all sorts of dumb questions. This time it was, "How old do you think I am?"

"Thirty," replied the nurse.

"How did you guess?" he asked.

"Easy," she retorted, "I just counted the rings under your eyes."—M.C.

"The patient shows a marked intolerance for that particular medication."

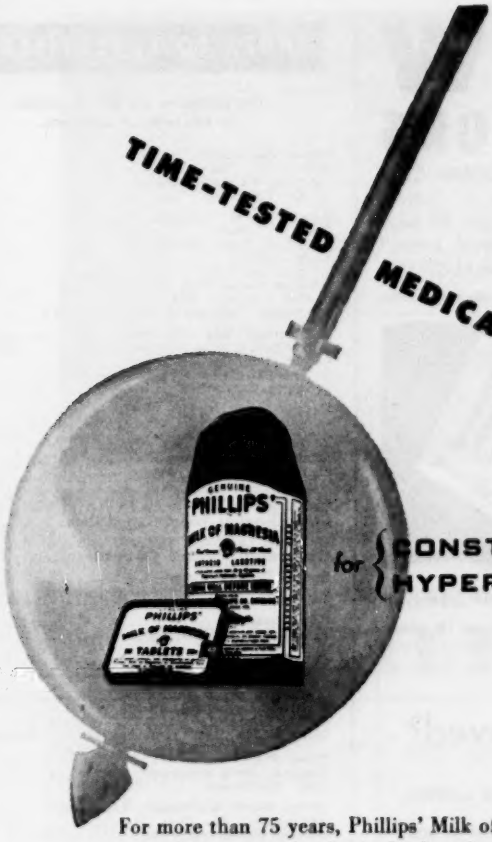
Congenial to Whom?

(Seen by J. B. J. in a newspaper account of reports made at the Annual Meeting of the Health Officers Association)

"More attention needs to be given to the problem of congenial syphilis."

By the Light of the Moon

Being secretary to a doctor, I hear quite a few tales for delinquent bills. One elderly lady came in to explain to the doctor. She talked constantly for twenty minutes about the recent plane wrecks, miners' strikes, and finally ended the one-sided conversation by saying she had felt poorly for quite a spell—her diagnosis—*romantic fever*—M.F.



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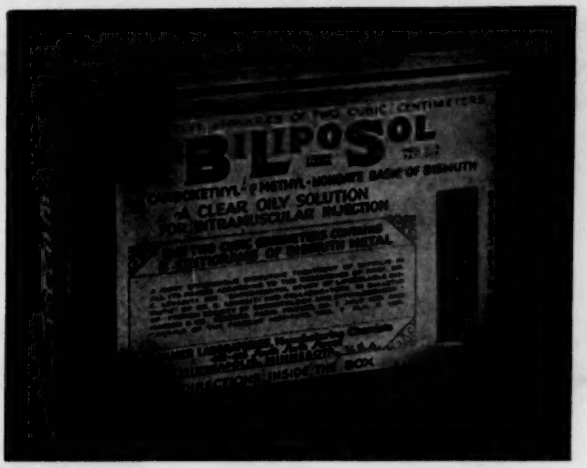

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